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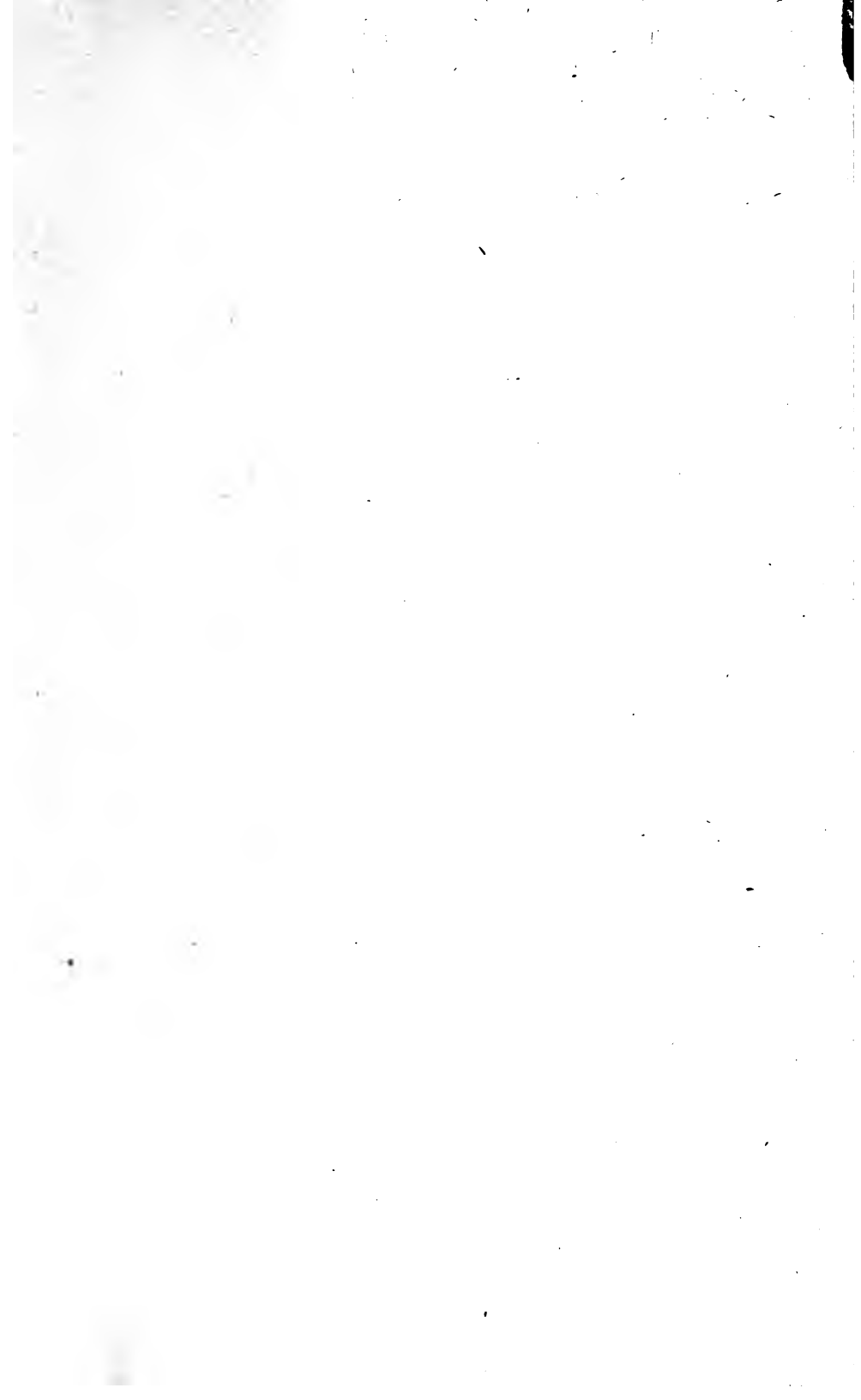
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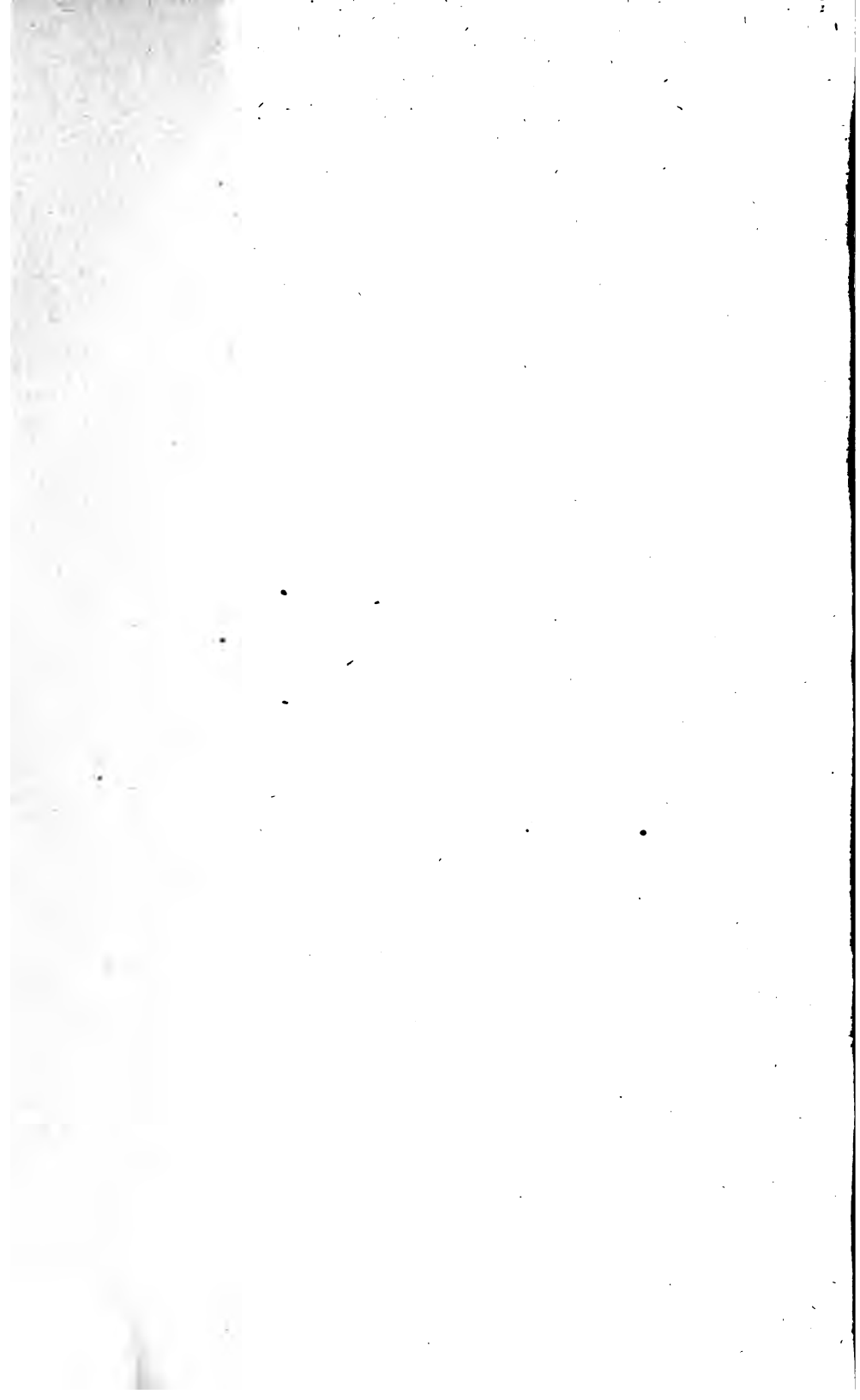
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EDWARD WARREN, M. D.,

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CONDUCTED BY
EDWARD WARREN, M. D.

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No. 1.

Original Communications.

ARTICLE I.—CLINICAL LECTURE ON COREMORPHOSIS, OR THE FORMATION OF AN ARTIFICIAL PUPIL. *Delivered before the Ophthalmological Class of 1860.* By MONTROSE A. PALLER, M. D., of St. Louis, Missouri.

GENTLEMEN:—It was our fortune to see, during the past year, some seven or eight cases of diseased eyes, whose condition warranted *Coremorphosis*, or an operation for the formation of an Artificial Pupil. I have, as you know, operated on several of these cases in your presence, and the beneficial effects accruing thereon in all but one, have fully demonstrated the necessity for the operation, and the facility with which it may be executed. The propriety of the operation just performed* will be reviewed further on,

* Kerato-Irectomy, being the first of two operations on the same individual, was performed on the right eye, at the *inner* border of the cornea and slightly below the equator. Six weeks after, at the *outer* margin of the cornea in a line corresponding with the other opening, the same procedure was gone through with. In both cases the result was all that could be anticipated, and the patient recovered good use of his vision. The lesion of each eye consisted in an immense (leucoma) central opacity of the cornea, leaving only about a line at the circumference transparent. Each iris also was healthy, and functioned very well.

when the conditions necessary to such are taken into consideration.

What then is the object of Coremorphosis? Under what conditions should it be practised? How, and when?

Each of these questions will be severally considered, and as this is the last of our meetings wherein the operative surgery of the eye will be considered, I hope that I may make it as plain to you as its importance merits. However important every branch of our profession is in reality, and however acumen and *finesse* of discrimination are required for their practical uses, nothing calls forth a cooler judgment and a steadier hand than does the medicine and surgery of Ophthalmology; and in recalling this fact for your consideration, I do it in order to predicate an equally important one, viz: the necessity of absolute correctness in diagnosis—of which, in the particular subject now under consideration, we shall speak hereafter.

There is in the whole range of operative surgery no more beautiful and brilliant operation than Coremorphosis, and the methods of its execution are almost as numerous as the surgical celebrities of the past half century. Notwithstanding the multiplicity and complicated manipulations of the distinguished fathers of Ophthalmic surgery, the past twenty years have produced far better and abler results than did the combined intellect and ingenuity of preceding centuries. In proof of which we have only to quote from Rognetta,* who states, "Five times have I assisted Forlenza (at Paris) in his operations for Artificial Pupil which he practised by excision (*corectomia*;) four times I saw Roux do the same operation; twice was I present at the formation of a new pupil which Dupuytren executed with his usual dexterity, by separation of the iris from the ciliary ligament (*coredialysis*;) thrice also I was the witness of Sanson's skill in the execution of the same operation; but, alas! it must be told, that of the fourteen cases upon whom the formation of an artificial pupil was

* Rognetta, *Reflexions sur la pupille artificielle*. *Gazette des Hopitaux*, 1834, No. 142.

executed, it was followed in but *one* instance by a happy result." Sichel* naively remarks that in the single solitary "*happy result*," "the patient shortly after leaving '*La Charité*,' became totally blind from a traumatic ophthalmia. Fourteen failures in fourteen operations!!"

Thanks, however, to the rapid march of scientific investigation, even we, denizens of the sunset side of the Mississippi, may aspire to successful operations for Artificial Pupil. To Sichel, Desmarres, Jager, Græfe, Mackenzie, Wilde, and Walton, are we indebted for a thorough and complete generalization of the facts and principles connected with the operation; and to those of you who propose to pursue this matter, I would recommend the careful study of the several works of these distinguished men.

What, then, is the operation for Artificial Pupil, and what is the object sought to be attained by it? It consists, by mechanical interference, in the reopening of the normal pupil, which may be obstructed either by the persistence or non-absorption of the *membrana pupillaris* of Waken-dorf, or as a result of some previous disease; or it may be the formation of an opening in another portion of the iris, to serve as a pupil, through which pass rays of light to the retina in order to establish the visional function.

In determining the question, "under what circumstances and conditions should the operation be performed?" we ought always to diagnosticate, previous to any consideration of an operation, whether the retina be sound, and if cataract also be present. With regard to the latter lesion, you must remember that it is impossible to distinguish as to the presence or absence of cataract, when there is a total closure of the pupil—although, when such a condition exists, false cataract is pretty sure to be present. However, when we have operated for artificial pupil, and discovered the presence of a cataract, Desmarres advises a deferred operation for its extirpation.

To resume the order of our discourse, let us now advert

* Sichel. *Iconographie Ophthalmologique*, p. 448. Paris, 1852-59.

to the means of diagnosing a sthenic condition of the retina. No one test has as yet been devised so efficacious as the discovery of *phosphene*fraction (to coin a word) by M. Serre (d'Uzes,) which consists in the production of luminous images by a pressure upon the ocular globe. These *phosphenes* ($\phi\omega$; light and $\phi\alpha\iota\upsilon\epsilon\alpha$ to cause to shine) are intra-ocular flashes of light. The process for obtaining the development of such phenomena is to place the subject in a dark room, and suddenly and gently tapping with the end of the finger, or preferably the head of a pencil (the lids being closed) the globe proper, when luminosities will be produced, which are of crescentic shape, and of relative duration. For the production of any of these phosphenes, the eye must be compressed or touched on the opposite side—thus to produce the “nasal,” the temporal side must be touched, &c. Serre divides them topographically, viz: *jugal*, *frontal*, *temporal*, and *nasal*; and, as the presence of all of them indicates that the retina is healthy, so the absence of any one of them, or of the whole, shows the degree to which it is diseased, and determines the propriety of the operation. Thus, in the first degree of *anæsthesia retina* (want of power) the *jugal* disappears; in the second, the *frontal*; in the third, the *temporal*; in the fourth, the *nasal*. When the latter is absent, the others cannot be developed; but, in an inverse order, when the *jugal* is wanting, the others remain; when the *frontal* is absent, there still remain the other two; and when the *temporal* is also wanting, the *nasal* remains—the obliteration of which indicates a complete anæsthesia or want of sensibility in the retina. If, after any treatment whatsoever, these luminous images reappear, they do so in an inverse order to their disappearance;—thus, the *nasal* being the last to disappear, is the first to reappear, then the *temporal*, *frontal*, and *jugal*. When the *jugal* is wanting, the indication is, that the terminal portion of the retina alone is anæsthetic; the non-appearance of the *frontal* implying that a more distant one is compromised, and the absence of the *temporal* and *nasal* indicates that such conditions of the retina are still more aggravated.

Such a condition as would warrant an operation having been recognized, we then examine our field of operation, and study the character of the lesion in order that the most feasible procedure may be chosen and executed.

A slight glance at the history of *Coremorphosis* is, I think, not inappropriate, as, for so short an existence, no operation has been more improved and perfected. The first known operation for Artificial Pupil was performed upon a lad, aged 14, by Cheselden in 1728. Previous to this period nothing was ever written or said concerning the operation, as nowhere in any of the Greek, Roman, or Arabic writings is mention made of it. This is rather remarkable, as they wrote volumes concerning the various methods of operating for Cataract. To Cheselden is due, then, the title of the *father* of the operation, and to him let all praise be awarded for its conception and successful execution—his method being that of *incision*.

Wenzel, in 1780, first performed *corectomia*, or artificial pupil by excision. Scarpa shortly afterwards published an account of a *coredialysis*, or the separation of the iris from the ciliary body. His priority to this method was disputed by an Italian, named Buzzi, who, according to Assalini, practised it at Milan in 1778. The operation, however, is known as Scarpa's, and, as he generalized it, all Ophthalmologists accredit it to him.

Since 1820 many modifications, some good and many bad, have been introduced, until, at the present day, it may be with justice said we have reached the perfection of the operation.

The operation and its peculiarity having been agreed upon, there are still a number of circumstances to be attended to, which must be carefully weighed, as not only extreme nicety and delicacy are required of the surgeon, but it is a matter of great importance in connection with the cosmopolitan relations of the patient. These are:

- A. Indications for an operation.
- B. Conditions to its success.
- C. Influences as modifying the result.

A.—The indications for an operation are referable to the iris, to the cornea, and to both cornea and iris together.

The circumstances to be considered in determining the necessity and feasibility of an operation, as far as the iris alone is concerned, are, congenital closure of the pupil by the non-absorption of the Wakendorffian membrane; accidental occlusion of the pupil, the result of a plastic inflammation producing a deposition of some substance, such as blood, lymph pus, etc., upon the iris and in the anterior chamber; and, finally, *prolapsus* and *atresia iridis*. As regards the cornea alone, the conditions which require an operation are, pterygium, spots which may range from a simple albugo to a most extensive plastic deposit between the layers of the cornea and upon it, which of course obstruct the entrance of light through the pupil to the retina.

When both cornea and iris, together with other structures, are affected, the difficulty of the operation increases in direct ratio to the extent of the lesion. These complications are an obliteration of the chambers of the eye by adhesions, the result of plastic inflammations, *synechia anterior et posterior*, flattening of the cornea, and the presence of a cataract often difficult to diagnose.

B.—The conditions as regards the success of the operation, a thorough knowledge of which requires all the acumen of the surgeon to be brought to bear upon the case, are as follows: that the patient be of sound constitution and in good health; that the eye be not the seat of inflammation of any character whatsoever, and that there be no change of structure or of function; that the cornea should be transparent, at least in one portion, and that it be not the seat of disease or cicatrices; that the refractive media be also in a healthy condition, and finally, that the retina have preserved its normal sensibility.

C.—Influences as modifying the result. These are of a varying nature, and should be sought as indicative of method, time, and choice of operation. Thus, Weller first promulgated the necessity of never operating upon young children, as it is seldom successful, adult age being prefer-

able. The season and temperature exercise more or less influence, and as such should be chosen as favorably as possible.

Having determined upon an operation, the place of election is a matter of great moment—thus, if the cornea be clear and no adhesions exist, the centre should be chosen; but if it be inexpedient to operate at this point others should be selected in the following order: (1.) below the pupil; (2.) towards the inner angle of the eye; (3.) in the superior hemisphere; and (4.) upon the outer margin of the cornea. Maunoir chose the last in preference, yet I cannot understand why, as it should never be selected save as a matter of necessity, as it often engenders strabismus. There have been devised only six methods, although many modifications have been introduced, and as often as the exigencies of the case demanded, or the fancy of the operator suggested. They are:

- I.—Incision, (*Coretomia*, *Iridotomia*.)
- II.—Excision, (*Corectomia*, *Iridectomy*, *Kerato-Iridectomy*.)
- III.—Separation, (*Coredialysis*, *Iridodialysis*.)
- IV.—Excision and separation, or the mixed method.
- V.—Extension of pupil by prolapsus, (*Corectenia*.)
- VI.—Tearing, (*Iridorhexis*.)

I.—Incision was the method devised by Cheselden in 1728, and consists in an incision in the sclerotic about a line from the cornea, then carrying the instrument behind the iris, cutting from behind forwards, and incising it *transversely*, taking great care not to wound the cornea. Sharp and Adams modified Cheselden's operation by cutting through the iris antero-posteriorly, merely reversing the procedure.

Janin's method consisted in making an incision in the cornea, as in keratotomy, passing in the wound a pair of scissors, one blade of which is pointed, which, traversing the iris, is made to cut a *vertical* incision—this operation is literally *kerato-coretomia*.

Guerin's is a combination of the above two, and after making a crucial incision in the iris, he excised a small

portion of the points caused by the two rectangular wounds. Pellier incised as in Guerin's operation, then passed into the natural pupil (if one existed) a cannulated sound, and incised from within outwards or *vice versa*.

Maunoir operated as did Janin, but added one incision, making the second one fall upon the first in the manner of a V. The procedure of Jüncken is only applicable when the pupillary membrane of Wakendorf exists, and consists of a crucial incision being made in that membrane by a cataract needle.

Velpeau's operation consists in passing a lancet shaped cataract knife (keratome,) very similar to, and a little larger than that of Wenzel's, through the cornea and iris, then from within outwards through the iris and cornea. "The flap," says Velpeau, "soon rolls upon itself and becomes lost in the aqueous humor."

II.—Corectomia or artificial pupil by excision was first performed by Wenzel in 1780, and his procedure has since been sanctioned and variously modified by Gibson, Beer, Physick, Sabatier, Demours, Gibson, Forlenza, Benedict, Sichel, and Desmarres. Wenzel incised the cornea as in keratotomy, passed a small rat's-toothed forceps in the wound to hold the iris, and excised a small piece with his iris-scissors. Some authors contend that Guerin operated by excision previously to Wenzel; but this is incorrect, Guerin's method being nothing more than that just described under the division of "incision." Beer's method was about the same as that of Wenzel, with the exception that he twisted the iris upon itself by means of a small crotchet, and drew it from the wound before he excised it. Physick having incised the cornea and iris as did Wenzel, he introduced a forceps, the ends of which terminated in a small plate, around which he incised the iris, and withdrew that portion embraced in the forceps-plates.

Desmarres most commonly operates in the manner you witnessed to-day.*

* NOTE.—An iris-knife is made to enter the cornea about a line from its junction with the sclerotic, and if the aqueous humor do not cause the iris to protrude through the wound, a small rat's-toothed forceps is passed in, and a portion of the iris (of sufficient size) is drawn out and snipped off

III.—To Scarpa, as was before stated, is ascribed the honor of having first performed *coredialysis*, or the operation for artificial pupil by separation. He passed a curved needle through the sclerotica (as in depression of cataract) in the posterior chamber of the eye, then directing it towards the inner and superior portion of the iris, and exercising sufficient force in order to separate that membrane from the ciliary body. Buzzi in 1787, and Assalini in 1788, operated through the cornea by separation, as did Schmidt in 1801, as also Bonzel and Himly in the latter part of 1801.

Donegana's procedure is *coredialysis* conjoined to *coretomy*, which consists in incising the iris after separation from its outer to its inner circumference. This operation overcomes one of the greatest inconveniences of Scarpa's, by preventing the unrolling of the iris, and the consequent obliteration of the newly formed pupil.

Langenbeck was the first to draw the separated iris into the wound of the cornea, and then to permit its retention by the adhesions thrown out during cicatrization. The instrument which he devised for the purpose is exceedingly ingenious, and consists in a slender wire terminating in a fine hook, which (wire) plays through a small gold canula. The hook is worked by a spring, and after seizing the iris and separating it, draws it into the corneal wound. Graefe, Schlangintweit, and Reisinger modified the procedures and instruments to the same end, and claim attention as being very clever and ingenious.

IV.—The mixed method is very similar to that of Donegana, being *kerato-coredialysis et corectomia*, or separation and excision, whereas Donegana's is simply incision conjoined to separation.

V.—*Corectenia*, or the extension of the natural pupil by prolapsus, was devised by Langenbeck for such cases as when there existed only a central opacity of the cornea, the rest of that diaphanous medium being healthy. By this very ingenious procedure the pupil is dragged down or up, as the case may be, and is displaced in proportion to the amount retained in the cornea, by which the form of the pupil is changed from a circular to an ellipsoid.

VI.—*Iridorhexis*, or the operation for artificial pupil by tearing, is performed as in iridectomy, save the iris is torn from its pupillary margin to its circumferential one, and *there* excised, instead of the whole piece being snipped off. Notwithstanding the high encomiums passed upon this procedure by Desmarres, I certainly do not favor it. He may perform it with his usual skill, but I would not advise you ever to attempt it.

Of all these methods, in my opinion, the operation by excision is by far the preferable one, and leads to the best results, being seldom followed by inflammation if proper care be taken. So convinced is Graefe, the celebrated Ophthalmological professor of Berlin, that iridectomy is the better method, and that cutting of the iris may be done with but little danger, that he advises it as a cure for Glaucoma, and recommends it in the extraction of cataract. In response to a question, why *both* eyes are strapped after an operation, I would state, that one being free is apt to roll about, and as all motions of the globes are coördinate, the wounded one would be apt to be inflamed from constant motion. Absolute immobility being one of the principal antiphlogistic remedies should be rigidly enforced. At our next meeting the subject of the Ophthalmoscope will be taken up, and its uses and abuses explained.

HYPERTROPHY OF THE HEART DURING PREGNANCY.—In 1826 and 1827, Dr. Larcher determined, from the results of one hundred and thirty observations, made at the Maternity Hospital of Paris, that the left ventricle is enlarged during pregnancy. There was not a single exception to the rule in the one hundred and thirty cases examined. Twenty years later, Dr. Beau investigated this subject anew. At his request, M. Ducrest, Interne of the Maternity, carefully examined the question in one hundred cases, and his results fully confirmed the views of Dr. Larcher, who laid down as law: That there was a coincidence between hypertrophy of the heart and of the uterus during pregnancy.

ARTICLE II.—A LECTURE ON VENEREAL DISEASES, *delivered in the University of Maryland.* By WM. H. POWER, M. D., of Baltimore, Md.* INTRODUCTORY REMARKS.

GENTLEMEN:—The class of diseases with which I am now about to occupy your attention, is one which from the frequency of its occurrence, the Protean and variable appearance of its symptoms, the apparent irregularity of its march and results, and the contradictory views held in relation to it by various authors, may be esteemed of especial interest to the practitioner, especially to those who are about commencing the practice of their profession. It is important, therefore, that you should adopt sound notions of their pathology and treatment. Accurate knowledge, indeed, is at all times indispensable to him who looks upon his profession with proper views as a science, and not as a trade, and no investigation however minute, no application however laborious, is ever misplaced in the search for truth. When we consider the fearful ravages of this class of diseases upon the peace of society; the anxiety of mind of the unfortunate youth who is tormented with the dread of a constitution poisoned in consequence of early indiscretion; of the father who shudders least the infant, the sacred pledge of affection, should only breathe to accuse him, by its diseased body and inarticulate sufferings, of his former follies, and to destroy the holy confidence of domestic affection. When we consider the sad consequences of a rash security—the heart-burnings, suspicions, reproaches, ruptures of social ties, arising from ignorance or maltreatment,—can we be too careful or conscientious in our study of these diseases, or too anxious, both for our own and our patient's peace of

*Through the kindness of a friend, we shall be able to present our readers with a course of Lectures on Venereal Diseases, by the late WM. H. POWER, M. D., Professor of the Principles and Practice of Medicine in the University of Maryland.

We give the first of the series in the present number, and feel assured that it will be read with interest by the many admirers of its distinguished author.—ED.

mind, to treat them judiciously. On the other hand, when we look around and see designing charlatans, or ignorant routinists mistaking the simpler varieties of these disorders; prolonging the duration of what they are unable to cure; destroying the constitution by remedies worse in their effects than the disease itself; harassing the imagination of their patients with the dread of consequences which the enlightened physician knows cannot ensue—our anxiety should be still further increased to obtain such a knowledge of the pathology of venereal diseases, so that with a firm faith in our own skill, we shall detect and eradicate those which are really virulent, and in pronouncing upon those that are not, relieve an anxiety which every mind must acutely feel.

It would, indeed, almost seem that the doctrine of a retributive justice, in our present state of existence, was uncontestably proved by the physical and mental anguish produced by these diseases in those, who have been so unfortunate as to be attacked by them. The knowledge that a voluntary act of vice or folly is the cause of a disease, shameful in its nature, degrading to its possessor, and hideous in its results, is constantly, during their acute stage, weighing upon the mind, and applying a relentless sting to the conscience. And unfortunately, in too many cases, disfigured lineaments, a broken constitution, agonizing pains, or a squalid, infected offspring, originate and perpetuate a fierce remorse, the more bitter, that it is hopeless. Such, gentlemen, has been the result of my experience. In all other forms of disease the mind of the patient, at least, may be put at ease, no matter how severe or fatal their character; they are evils which human foresight cannot always protect us against, nor are they necessarily humiliating, or calculated to degrade one in his own esteem; but venereal diseases receive no mercy from the world, or from the individual himself; and more than once has my heart bled in witnessing the vain repentance and agonizing self-reproach of a sensitive mind, by bitterly regretting the momentary blinding of passion, or the insidious evil counsels

that had led him astray, and sincerely have I wished that others could have profited by the lesson. Fools only never learn wisdom but in the dear school of experience, and a costly tuition it is, when they will not profit by that of others. It is not usual, I know, for the physician and moralist to be combined, and a warning of this kind may seem out of place, in a lecture on venereal diseases. But the fact has been so often and so forcibly impressed upon my mind, that I deem it my duty to mention it here, if not as applicable to yourselves, as young men, at least as applicable to students of medicine, to rouse you to a closer attention and stricter scrutiny into the laws of the pathology and treatment of these disorders, which, as they do not often implicate life itself, are carelessly and empirically passed over by the mass of the profession.

It is a singular and humiliating fact, that such uncertainty of opinion, and looseness of doctrine should still exist in regard to venereal diseases, when we consider their extreme frequency, the clearness of their etiology, and that they are more patent to the observer than almost any other form of diseased action. This may be owing to various causes,—but principally to the neglect of the true and proper mode of studying the disease. Indeed, before the time of Hunter, the profession in England was destitute of any special treatise on this subject, and the greatest obscurity and inconsistency pervade the writings of physicians and surgeons upon this disease. Hunter's work formed an era in the profession—his great reputation as a medical philosopher, as an acute observer, as one possessed of a mind equally strong and original, combined with the intrinsic merit of the work itself, caused his views to be generally adopted at once, and until within a few years past, no one has been heretical enough to dissent from the doctrines he has laid down. The simplicity of his doctrine further recommended it to those, who, for themselves, gladly considered it a specific disease, for which mercury was a specific remedy; and after producing the specific effect of this latter upon the constitution of their

patients, flattered themselves the virus was killed and the physician had nothing more to do. But, gentlemen, the reign of all exclusive theories in medicine is rapidly passing away. The old Hipocratic, or as it is now called, the Baconian or inductive system of philosophy, is assuming a general sway. Closer observation of facts, and reasoning from these facts to principles, has enabled us to throw light upon many things in medicine which were formerly obscure; and, among others, not the least, upon venereal diseases. Of late years, it is true, the notions of the profession have conflicted more upon this subject than at any previous period. The physiological doctrines of Bronssois, in France, scouting the idea of a specific disease, endeavored to account for all the phenomena by the general laws of irritation. To prove this, it was necessary in the first place to demonstrate that mercury was not a specific, or necessary even to a cure. Report after report of cases from the continent soon made the fact evident, and the British army surgeons, without adopting the French views of the pathology, soon adopted and improved upon the French mode of treatment. A long and fierce war was waged between the mercurialists and anti-mercurialists. The stability of Hunter's doctrines were shaken, and confusion worse confounded reigned supreme. This state of things is passing away—the minds of the profession are becoming more settled in their opinions. Truth, as usual, has been found in neither extreme, mercury is no longer regarded as a sovereign specific for every form of this disease—nor is it looked upon as absolutely injurious. An Eclectic school has risen up, winnowing the chaff from the grain, separating the true from the false, adopting what was consistent with the operations of nature from all the various notions of the nature of the disease, and what experience has proved necessary in the treatment. Though much error and empiricism still prevails with the mass of the profession on this subject, it cannot last long under the lights that are now pointing out the true road. Among the many Syphilographers who of late years have

been writing with more or less judgment upon this subject, *Wallis*, in Dublin, and *Ricord*, in Paris, are by far the most remarkable. Their works both evince clear and philosophical minds, and the only rational and true plan of investigation. Each, the surgeon of a Syphylitic hospital, placed in the most favorable position for observing unvarying nature, and thus discovering truth—they have added industry to talent and science. Each has commenced by collecting and observing an immense number of cases, and from an analysis and comparison of them, have deduced laws and principles which are likely to prove an invaluable acquisition to our science. I can heartily recommend these books, together with that of Hunter's, to your attentive perusal, as containing all that is really of practical value upon this subject. The conclusions of these three all differ in many respects from each other, and with neither of which in all points, do I myself agree. I have felt anxious to lay my own opinions on venereal diseases before you, sufficiently in detail to be of practical value—and though I may not enter into all the varieties in which this multi-faced disease presents itself, I still hope to afford you such a general doctrine as may lay a proper foundation for practice when any irregularities present themselves.

The term, venereal diseases, is a generic one, including all such affections as arise from intercourse of the sexes. Its derivation is obvious enough from Venus, the goddess of love, and among the many synonymous terms which from time to time have been given to these disorders, this has had the most general adoption among scientific men. The term, though properly enough applied in a general way, has been very improperly used by many as applying to every variety of diseased action arising from the above cause; and this loose application of the term itself has given rise to much mischief by leading many to confound diseases together, which have no other common bond of union than their name. Syphilis, simple erosion, gonorrhœa, buboes, &c., were all considered

venereal symptoms—called by the same name, they were supposed to be the same disease, and consequently subjected to the same treatment. There is in fact great difficulty oftentimes experienced in discriminating between simple mechanical irritations of the genital organs and diseases that are really specific of the same parts. This arises from the peculiar structure of these parts and the various irritations from secretions and frictions to which they are subjected, so that the simplest sores when seated here are apt to assume a chronic and suspicious character, and when the antecedents are doubtful it is only by consummate skill that they can be distinguished. It is easy to perceive the sad errors confounding all these diseases under one name would be productive of, both as regards the success of treatment and the anxiety of mind we should excite in our patient. We shall use this term, therefore, only in its generic sense, as applicable to all diseases following coition, taking care, however, to give to each class its specific name. By so doing we shall enlarge the range of disease which we are about to pass under review. We shall glance even at some affections of the genital organs, which do not strictly come under this head. This plan of study will not be unfavorable to a true understanding of the subject, of which we are about to treat; for, in describing each form separately and minutely, we shall be able to compare and draw distinctly the differential diagnosis of such as resemble each other. When, therefore, we speak of venereal disease, all diseases of the genital organs having coition as an antecedent are included; and in this class we recognise diseases having sometimes other causes than coition, but having rather a family resemblance.

These diseases may be divided into two great classes, which will further draw a broad line of distinction, and simplify at once our plan of study, by separating those which are really syphilitic—that is dependent upon a morbid and specific virus—from those which are governed by the general laws of phlogosis. These we shall call simple

venereal diseases and virulent venereal diseases. The virulent venereal we define to be diseases essentially contagious in their primitive symptoms, attacking all individuals who are exposed to its virus when the proper conditions exist—an affection capable of giving rise to secondary and tertiary symptoms, regularly characterised, which can have no other primary cause, but which may also give rise to sympathetic symptoms which are not necessarily connected with the diagnosis of the disease. It is not absolutely necessary, however, that secondary and tertiary symptoms should develop themselves in every instance, particularly if proper treatment be instituted.

Simple venereal we may define thus—a disease developing itself after sexual intercourse, but which produces no secondary or tertiary symptoms; we regard it as a class of transition between virulent venereal and simple lesions of continuity.

Virulent venereal had in all probability a spontaneous origin, but at present it seems demonstrated that such an accident does not happen—it is always propagated by contagion—in all our experience we have never met with any thing like a proof of its spontaneous origin in two healthy persons, nor a well authenticated fact related by any respectable writer on this subject which affords any countenance to such a supposition. This reasoning, of course, is confined to virulent venereal, or chancre. The cause of virulent disease is, *sui-generis*, identical, reproducing a disease similar to that of which it is the consequence—a principle altogether distinct from all other causes of inflammation, a morbid virus, which for want of a better name we shall call the syphilitic virus, because it is a name generally known.

In fact, the origin of this term, syphilis, so long in common use, is just as obscure as the origin of the disease itself. Some derive it from the Greek word *συσ*, a hog; some from *συν*, together, and *φίλεω*, “glove;” but the most common opinion is, that it is formed from *σιφλιος*, deformed, disfigured. Fracaster, who in the sixteenth century wrote

a latin hexameter allegorical poem on this disease, has the credit of creating this term. Nor is it surprising that such a name should have suggested itself at a time when, according to cotemporaneous writers, the disease manifested itself with uncommon malignity, scarce waiting for the primary symptoms to show themselves, but appearing at once in crusty pustules upon the face, whence also its name—*morbo pustularum*. From the description of its ravages in those days we should scarcely recognize the disease as we now meet it; and if it should continue in the course of time, from proper sanitary regulations, greater attention to cleanliness, and improved treatment, to diminish equally in virulence, at some future day the world may be entirely rid of this scourge of the human race.

As we said just now, the greatest obscurity hangs over the history of the origin of the disease itself. This, it is true, is more a matter of curiosity than of practical interest. I shall, therefore, do no more than lay a few of the most favorite theories of its early history before you in the briefest manner possible; and, as my researches have led to nothing certain on this point, I can only say which I think most plausible. Whatever may be the theory of each particular writer on this subject, all agree that it was not until the year 1493, when Charles VIII. of France was besieging Naples, that the disease became universally spread, and, assuming a particularly malignant character, attracted forcibly the amazed attention of physicians by its extraordinary virulence, and the rapidity with which it was propagated. The discovery of the new continent, and the return of a part of Columbus's expedition under Gonsalvo de Cordova, happening about this time, caused many to suppose that this new and frightful disease was brought from America. This has been the favorite theory among writers, but the universality of its adoption is no proof of its truth, and later and more dispassionate investigation would seem to prove that the *post hoc, ergo propter hoc*, was the best reason that could be given for

believing in it. The erudite and laborious Sprengel, in his history of medicine, says: "The most ancient authority that I know for its American origin is Leonard Schmauss, a physician of Strashbourg, an insignificant author who lived in 1518. But his assertion is not worth much, as he lived far from the place where the disease first showed itself in Europe, and as, moreover, his proofs seem to not bear entirely on the hypothesis. That nature always gives to those countries which are scourged with endemic diseases, indigenous remedies, it followed that, as Guaiacum was principally brought from America, which at that time possessed great reputation in these disorders, America ought also to be the country of the venereal disease." The same hypothesis led the historian Guichardini into error, and many subsequent writers who copied him. Their numbers are no proof of veracity, since none bring more plausible proofs. Girtanner, one of the most able defenders of the American origin, founded his opinion upon the authority of some old Spanish authors. These, to be available, should have been cotemporaries of Columbus himself. Columbus, and his son Ferdinand, say nothing on the subject; but a monk, Romanus Pure, adds, in an appendix on the manners and mythology of the inhabitants of St. Domingo, "That the inhabitants are afflicted with *caracaracol*, a disease resembling porrigo, and which is produced by great acridity of humors." This, it must be confessed, proves nothing, as a great many diseases very different from syphilis may be comprised in so vague a description. The most formidable testimony is that of Oviedo de Valdez, superintendent of the gold mines of Darien, a cotemporary of Columbus himself: his work was not, however, written until he was very advanced in life, and at a time when the belief of the American origin had been pretty generally spread from other sources. He indeed charges the Indians with poisoning the Spaniards with this disease, and these latter with transporting it to Naples in the squadron commanded by Gonsalvo de Cordova. But Gonsalvo did not arrive at Messina until 1495; and we have

already seen the disease was committing direful ravages at least two years before this period. And again, Oviedo was a bloody tyrant, who compared the Indians to Cannanites, and the Spaniards to the people of God. Hurera, Ferdinand Columbus, Las Casas, all bear testimony to his unheard of cruelty ; and it is more than probable that he adopted the prevailing notion, and endeavoured to persuade the court and his countrymen that the Indians, as depraved and dissolute, merited the horrible treatment to which he subjected them, in order to justify himself. In fact, it is not at all probable that this disease should have existed among a people so simple and pure in their habits as the aborigines of America ; and it would require a new theory to account for its disappearance among them while it has clung with so much pertinacity to all those civilized nations among whom it has been introduced.

Another opinion was, that syphilis owned its origin to the Maranes, or Jew and Moors who were forcibly and cruelly expelled from Spain about the year 1492, and who took refuge on the western shores of Africa, not far from Morocco ; despoiled of all their possessions, exposed to a burning sun, and destitute of the first necessities of life, a fatal epidemic, a species of pestilential typhus, soon made its appearance among them, and carried off about 30,000 families. Several Spanish writers accord in saying, that these Maranes were extremely debauched, that leprosy was widely spread amongst them, and that they propagated it in an incredible manner. Leon Africanus affirms positively that syphilis first made its appearance amongst them, and that some of them, escaping into Italy, carried the disease there. But national and religious hatred fomented many reports equally unkind towards these unfortunate men, and the Moorish origin of syphilis is anything but proved.

Many estimable and judicious writers have regarded syphilis as a modified or degenerated leprosy. This opinion was held by several Syphilographers in the fifteenth and sixteenth centuries, and in more modern times ; Gar-

danus, Sanchez, Buillou, Fischer, Larrey, Sprengel and Lagneau have maintained the same doctrine. In fact, from the fourth to the fifteenth century, leprosy and other cutaneous diseases reigned generally and to a frightful extent in almost every country of Europe, assuming from time to time an epidemic character. The medical writings of those days abound in descriptions of these pustular, crusty diseases, to which in modern times we have no parallel. In France alone, in 1225, under the reign of Louis VIII., there was, according to Matthew Paris, 19,000 hospitals destined to their reception. At all events it is a singular coincidence, that in exact proportion to the spread of venereal disorders was the coinciding diminution of these cutaneous disorders. It is not, therefore, unreasonable to suppose that syphilis, whatever its origin, characterised as it was in its inception by cutaneous pustules, destroyed or weakened in those individuals whom it attacked the disposition to contract leprosy—just as in our day, the vaccine virus opposes the development of the variolous contagion. The burden of proof in this, as in many other cases, seems to lean to the opinion that the human race cannot at the same time be subject to the ravages of two contagions whose type is chronic, and which by their nature, their seat, the multiplicity and gravity of their symptoms, would, if united, in a short time destroy it.

But, it appears to me probable, that the syphilitic virus was of spontaneous origin, and that some epidemic constitution of the atmosphere, something in the hygienic condition of the soldiers beleaguering Naples, gave to the simpler forms of venereal diseases existing before that period, the virulent character that then manifested itself, and that contagious property it has since invariably possessed. It is no novel thing in our science for new diseases to manifest themselves. Witness the scherlievo which was spontaneously developed in Dalmatia some 30 years since; the disease of Canada which appeared about the middle of the eighteenth century; both resembling in some respects

syphilis. Hooping cough, it is known to all, first appeared in England in 1682. Scurvy was scarcely known until the fifteenth century. As all authors agree it was in the year 1433, and among the army at Naples, syphilis first assumed that gravity which drew general attention to it; as it can be traced from thence into every quarter where it is now known; as we have seen the proofs of its importation from the New World, or from Africa, are unsatisfactory. as it is a thing unheard of in the science for one disease to convert itself into another losing all its own distinctive traits; and as the disease must have originated spontaneously somewhere, we see no good reason why it might not have done so as well at Naples as elsewhere; and the mass of evidence goes to prove that there it did originate, at least that form which we call virulent venereal, or syphilis.

Simple venereal disorders must, of necessity, have existed from all antiquity, *i. e.* those arising from mechanical irritation, from excessive debauch, from filth, want of cleanliness, and from the contact of irritating humors, &c., but which were not characterized by a specific morbid cause, nor capable of producing secondary symptoms. Wherever luxury and laxity of morals prevailed, these diseases must have been found, and amid the disgusting obscurity and filthy practices that always characterise in every case the inmates and frequenters of these haunts of vice, must little by little have assumed a certain *virulence* and *contagiousness* which directed the attention of medical men to them in a particular manner. Thus we find in the Mosaic law, that it is prohibited to lie with an infected woman; and in every age we find in the writings of historians and physicians passages referring to obstinate diseases of the genital organs—some of the descriptions of which, though they bear no similarity to the accounts of the disease as it first manifested itself at Naples, seem to have been almost equally severe with that form of the disease which we now meet with. Hippocrates speaks of ulcers and putrefaction of the genitals as being common in the summer season, and in a great number of works written in the thirteenth

and fourteenth centuries, we find a pretty circumstantial account of many symptoms, which in our day would be called venereal—they are always attributed to the commerce of a healthy with an infected person. They were unanimously recognized as contagious, and are sometimes represented as producing the most frightful results. Ancient regulations of brothels in London, enacted in 1430, inflict heavy penalties, fifty shillings on those women affected with the gonorrhœa, who may prostitute themselves with men; and a similar fine upon those who should infect a man with “a disease shocking in the estimation of all.” In 1347 a Statute of Provence ordered the magistracy of Avignon “to visit frequently the courtesans, and imprison those *affected*, to prevent their contaminating the youth.” It would seem that the depopulation and debauch incident to the crusades, the disproportion between the sexes, the vice always attending the march of large armies, by diffusing a looseness of morality throughout every country of Europe, had increased the number of this class of affections and added to their gravity, so that any accidental concurrence of atmospheric or other causes, such as those met with in a large army before Naples, badly fed, badly lodged, and exposed to heavy rains and miasmatic influences, was sufficient to lash them up to a degree of virulence such as then manifested itself, and spread almost with the rapidity of thought in every direction. The French, after a rapid conquest, were obliged to retire through Italy, and thus diffused the contagion. The Swiss and Germans who served as auxiliaries to the French, carried it to their respective countries. The Spaniards, who assisted the Neapolitans, took it to Spain, whence it passed into Portugal and Flanders, then a Spanish dependency. France from her proximity to England and Scotland soon transmitted it there, and Russia was the only country in Europe which escaped, because of its little intercourse with its neighbors until the time of Peter the Great when, it appears for the first time to have been infected. Africa received the fatal scourge from the Jews expelled from Spain;

Turkey from her European neighbors; from thence it passed into Persia and Western Asia, while the Portuguese wafted it to China and Japan. So that, radiating from this point as a centre, it has sooner or later diffused itself in every direction, and at this day there is no nation, civilized or uncivilized, where this pest of the human race is not committing its ravages.

ARTICLE III.—CLINICAL REPORTS FROM THE BALTIMORE INFIRMARY. By EDWARD WOOTEN, Student of Medicine in the University of Maryland.

CASE (I) ACUTE RENAL DROPSY.

Wm. Butler, colored, aged 36, a native of Maryland, by occupation farm-hand, admitted into the Infirmary April 5th, 1860, laboring under general dropsical effusion. According to his statement, he was taken with a swelling of lower eyelids and face about the 18th of December, 1859, whilst engaged in digging a grave, where he was exposed to the debilitating influence of cold and moisture. He was, nevertheless, enabled to continue his usual occupations until the 24th of December, when being again more than ordinarily exposed, he was taken with a chill and obliged to go to bed. The swelling in the interval had gradually extended until his scrotum, lower limbs and abdomen were involved. He was treated by a physician in the neighborhood, and in a short time was nearly relieved. On the 8th of January, 1860, he was engaged in cutting ice when the swelling again made its appearance, though he did not give up for two weeks afterwards.

Having failed to obtain relief, he was admitted into the Infirmary, presenting all the phenomena of a well-marked case of renal dropsy. His urine was of a smoky hue, and on the application of heat with nitric acid gave an abundant precipitate of albumen. The specific gravity of this urine was 1010, and he appeared drowsy and disposed to sleep.

Dr. Chew saw him, and ordered following treatment:

R Mass. Hydrarg., grs. xvi.

Pulv. Scillæ.

Pulv. Digitalis, aa grs. viii.

M."

Ft. pills viii. One four times a day—a wineglassful of the infusion of scoparium was also ordered three times daily.

April 6th. He says he is much better. Passed in twenty-four hours f ̄ xxv. of urine, its Sp. G. being 1010, and containing considerable albumen.

April 7th. The diuretic has acted freely, the amount of urine discharged being nearly 5 pints, Sp. G. 1014; albumen not diminished in quantity. He still complains of constant drowsiness, tho' he feels better, and the swelling is somewhat reduced.

April 8th. Passed Oij. urine, Sp. G. 1012, containing much albumen. There is more fluid in his abdomen than on previous day.

April 10. Passed f ̄ of urine, Sp. G. 1014. Swelling diminished; albumen still present. He continues drowsy and complains of slight headache. His legs are cedematous, and his feet cold. The following was ordered:

R Potass. Bi-Tart, ̄i.

Magnesice Sulph. ̄ss.

Aqnae. f ̄ viii.

Ft. Mist. S. Two tablespoonfuls every three hours till free purgation is produced.

April 12th. The solution of potass. and magnesia has acted freely; his abdomen is less swollen, and he feels better.

April 13th. Passed in last twenty-four hours f ̄ xxvi of urine, Sp. G. 1014. The pills of mass. hydrarg, &c., were ordered to be stopped, and fifteen drops of syr. ferri Iodidi was ordered after each meal. He rests well at night, and is altogether much better.

April 16th. He does not complain so much of drowsiness as formerly; the swelling about his face has nearly disappeared; his abdomen is less swollen, and legs are not so

œdematous. Free action of his bowels is constantly kept up; the amount of urine passed in twenty-four hours is considerable, Sp. G. 1010, and the quantity of albumen has diminished.

April 20th. Has been gradually improving; there is now hardly a perceptible distention of his abdomen; his legs are of natural size, and his urine has lost its smoky hue, and is paler than natural. The quantity passed is $f\frac{3}{4}lx$, its Sp. G. is 1008, and there is less albumen.

April 28th. During past week he has been seemingly quite well. He complains of nothing; there is no swelling of legs or abdomen; the quantity of urine passed has gradually decreased to its normal amount, and there is hardly a trace of albumen.

April 30th. Tested Sp. G. of urine, when uranometer stood at nearly 1000, whilst the quantity passed is $f\frac{3}{4}xxxv$.

Dr. Chew ordered infus of scoparium to be discontinued, but to be resumed should the least sign of dropsical effusion present itself.

May 12th. Butler went out to-day; no trace of albumen was discovered in his urine, and both its quantity and Sp. G. were natural.

CASE (II.) HEMIPLEGIA.

Jacob F., aged 65, occupation farmer, native of Maryland, admitted into the Infirmary August 16th, 1860.

According to his statement, about nineteen months since he was taken suddenly, whilst sitting in his chair, with loss of consciousness, which caused him to fall insensibly to the floor. He had had previously neither pain in the head nor giddiness. The loss of consciousness continued, however, for some hours, when he slowly revived. When he recovered, he found that his left side was completely paralyzed. He was unable to walk, and when admitted, presented all the characteristic symptoms of hemiplegia, such as the following, viz:—very slight rigidity and paralysis of *right* side; perfect rigidity of muscles of *left* side;

biceps resisting extension ; left pupil contracted ; mouth slightly drawn to right side ; deviation of tongue to left when protruded ; left thumb drawn into palm ; reflex action on tickling left foot ; violent spasmodic twitching of muscles, particularly of left side ; galvanism affecting chiefly muscles of left side ; muscles of paralyzed side not becoming rigid till extension is attempted, when they instantly become so ; heat of surface greater on left side ; pulse extremely feeble, and bowels costive. Dr. Chew saw him, and adopted the following treatment:—Potass Iodid: grs. v, to be taken three times daily, and bowels to be kept open by the Compound Cathartic Pills.

August 20th. No very great change perceptible ; the muscles of right side are becoming more rigid, and evidences of paralysis of that side are increasing.

September 5th. Gradually sinking ; whilst the right side is nearly as much affected as left. A seton was placed in back of his neck.

September 11th. Cannot move himself at all ; his water has to be drawn with a catheter ; the Potass Iodidi was discontinued, and he was put on Mass: Hydrarg., grs. ii, every two hours.

September 18th.—Died to-day, having sunk gradually from date of entrance. An autopsy twelve hours after death revealed the following anatomical changes: On taking out the brain a large effusion of serum was found beneath the Pia-mater, raising it up in patches and causing it to resemble the elevations of Pemphigus. There was also effusion in Sub-arachnoidead space, whilst the brain was much more solid than natural. On incising the *right* side, a cavity lined by a smooth shining membrane, and containing serous fluid, was discovered. At the base of posterior lobe, another small cavity containing a clot of blood was seen, with very hard and thick base, corrugated with granulations of the size of millet-seed. On cutting into *left* side, a sero-sanious fluid gushed out in a large stream, and a cavity was seen larger than a walnut, containing about two ounces of fluid which on

standing, separated into two portions. The upper one, consisting of pure serum; the lower one, resembling broken-down brain tissue. The lining membrane of this cavity was not so distinct.

CASE (III.) HEPATIC ABSCESS.

Robert, colored, aged 16, native of Virginia, occupation farm hand, admitted into Infirmary Sept. 20, 1860. His previous history is imperfect. He states, that about four weeks ago he was taken with chills and fever; from these he recovered, but about five days since he felt slight pain beneath the margin of his lower ribs which was aggravated by pressure. He went on, however, with his work as usual, until it increased to such an extent that he came to the Infirmary for treatment.

When admitted, he presented the following symptoms, viz: Conjunctiva was tinged with a yellow hue; his liver protruded from beneath the ribs, and was sensibly increased in size; his bowels were relaxed, and his stools were clay-colored and watery.

Dr. Chew saw him, and ordered the following:

R Mass. Hydrarg., grs. xxiv.
Pulv. Ipecac., grs. vi.
Sodae. Bicarb., ʒj. M.

Ft. Pulv: xii. S. One powder every four hours. He was also put on low diet, and his bowels were checked by chalk mixture and Syr: Catechu.

September 26th. His liver has greatly increased in size, and slight fluctuation is felt in the right hypochondriac region. He complains of a dull, aching pain in the part which is very tender on pressure. His appetite is good, and he has neither sympathetic pain, nausea nor vomiting. The yellow tinge has disappeared from the conjunctiva, and his stools are more natural in appearance. Dr. Chew ordered Mass: Hydrarg. to be stopped, and Quinine Sulph: grs. ii every two hours to be administered. Generous and nutritious diet was directed, and also frictions with Ung. Iodinii Comp: were prescribed.

October 4th. A large tumor has formed where fluctuation was first felt. It fluctuates freely, is pyriform in shape, and is so located that it is impossible to say whether it is a distended gall-bladder, or an Hepatic Abscess. A poultice was directed to be constantly applied to the swollen mass.

October 10th. Patient about same; there is in the morning considerable puffiness in his face which soon disappears, whilst the tumor is too diffused and soft to leave any doubt as to its being an Hepatic Abscess. The absence of oedema about the part, however, and the natural complexion of patient, renders it impossible to discover a red blush over it, and thus a serious doubt presents itself as to whether adhesion has taken place between the parietes of abdomen and liver or not. Dr. Chew consequently refused to interfere, preferring rather to leave the case to nature, than to encounter the risk of the patient's immediate death by subjecting him to an operation. The same view is taken of the case by Prof. Warren, who saw the patient for the first time to-day.

October 21st. Abscess opened this morning, when more than a quart of pus issued from it, mixed with a sanious fluid. A probe being cautiously introduced, for fear of disturbing adhesions, passed several inches into the substance of liver, revealing a cavity of large size. He was put on Vallet's Ferri. Proto-Carb: Ferri., grs. v., and also Syr. Sarzæ Comp. $\frac{3}{4}$ j., three times daily.

October 22d. The opening having clogged up, it was opened with a lancet to facilitate the discharge of pus, when a considerable quantity again gushed out.

October 28th. The liver is now nearly of normal dimensions; the patient is improving in general health, which had been somewhat impaired, and he is walking about the Hospital.

October 29th. Discharged. Cured.

CASE (IV.) ALBUMINURIA.

Mrs. R., aged 40, native of Baltimore, admitted into the Infirmary, August 24th, 1860. She states, that about

five months ago, about four weeks after confinement, she was first taken with a feeling of weakness and a sensation of pain extending down the legs. Her ankles soon afterwards began to swell. This swelling gradually presented itself in other parts of the body, until the 4th of July, when she had great difficulty of breathing, accompanied with nausea and vomiting. She had not been exposed to either a cold or a damp atmosphere; her urine was diminished in quantity, and she had a constant desire to micturate, whilst only a few drops of urine were occasionally passed.

When admitted she had ascites with general anasarca. She is also very drowsy, with good deal of dyspnoea. The amount of urine passed is very small in quantity, ranging from 12 to 16 f 3, high colored and smoky, with a Sp. G. of 1006. It is loaded with albumen, and under the microscope, tube casts, fat cells and free oil are discovered, and also epitheleum from the lining membrane of the kidney. The first sound of the heart is entirely absent, and the jugular veins are turgid and pulsating.

She states that she has menstruated regularly; but her bowels have been obstinately constipated.

Dr. Chew ordered the following:

R Pulv. Digitalis.
Pulv. Schillæ aa gr. i.

Ft. piel i. S. Unum ter die. Also,
Pot. Bitart, ʒi.
Cort Aurant, ʒi.

In a pint of boiling water to be used as a drink.

August 27th. The quantity of urine passed is not sensibly changed, and her bowels have been moved but once. The infusion above directed was stopped, and Infus. Uv: Ursi. given in its stead, whilst a dessert spoonful of Castor Oil was also ordered every two hours until it operated freely.

August 29th. She feels better to-day; her bowels have been moved freely, which relieved the oppression of the stomach. The swelling, however, is gradually extending. The medicines above directed were stopped, and the Potass

Bitart: was chiefly relied on in connection with other cathartics.

September 18th. The swelling has increased so much that her respiration has become impeded, and sleep almost impossible. There is, however, a constant tendency to drowsiness amounting almost to stupor. It was deemed necessary to make an incision in the lower part of her leg to let off some of the effused liquid, and accordingly one about an inch in extent was made near the inner malleolus. At least six to eight quarts of fluid escaped through this opening, and the infusion of Scoparius was then ordered in the dose of a wineglassful every second hour. Gin was also given for its diuretic effect. The kidneys immediately began to act vigorously, and the amount of urine passed was very considerable. This action was doubtlessly due as much to the removal of the pressure from the kidney as to the diuretic properties of the medicines administered.

September 20th. She has very much improved within the last twenty-four hours. The ascites has nearly disappeared, and her face and limbs, which were enormously swollen, have nearly resumed their natural size and appearance. The first sound of the heart can also be distinctly heard, and there is no pulsation in the jugular veins. An erythematous inflammation has set in about the incision, and extending up nearly to the knee-joint.

September 28th. The swelling is gradually increasing, although the opening in her ankle is kept constantly running, and the first sound of the heart has again become imperceptible.

October 6th. The effusion into the cellular tissue has become so great that an opening similar to the first was made in the other ankle. The amount of urine passed is above the normal quantity.

October 9th. Mrs. R. died this morning. Her respiration was impeded by the amount of swelling which had again become enormous, notwithstanding the above measures for her relief. Her mind has been cloudy for the last few days. No post-mortem examination could be obtained, so that the changes in the kidney were not ascertained.

Translations.

PARALYSES IN CONNECTION WITH ACUTE DISEASES, AND PARTICULARLY THE ASTHENIC DIFFUSED PARALYSES OF CONVALESCENTS. By ADOLPHE GUBLER, Professor (*agregé*) in the Faculty of Medicine of Paris, and Physician to the Beaujon Hospital. *Memoir Read before the Medical Society of Hospitals.* Translated from the French by W. A. HARRIS, M. D., of Baltimore, Md.

After continued and eruptive fevers, which bear some resemblance to erysipelatous diseases, are naturally placed, intermittent fevers, whose symptoms recall some features of acute diseases, each attack being considered as a very rapid ephemeral fever, and as appertaining to that class of periodic fevers which yield after a few paroxysms. Paralyses have indeed been observed in paludal intoxication, and many examples are found collected in an excellent thesis, on paralysis, as a sequel of intermittent fever (Paris, 1852.) But, as the author, M. le Dr. Omadon, and as M. Baillarger had established before him in reference to mania and epilepsy,* supervening under the same circumstances, these paralyses depend on a special cachexia, and not on the fever. Now, as this cachexia is produced slowly, and may also exist without having been preceded by those acute paroxysms which constitute the febrile attacks, it is more rational to refer the paludal paralyses to the group of chronic affections of the same class as anemia and chlorosis.

Eruptive affections, which are ordinarily not serious, often indeed very mild, may still present transient paralytic symptoms. In this category are arranged: 1st, that disease *totius substantiæ*, characterized chiefly by the erythema nodosum, a very distinct form of rheumatism; 2d, *roseola miliaris*, morbiliform or scarlatiform; 3d, *purpura*

(*) Note on mania as a sequel of intermittent fevers. (*Annales Méd. Psychol.*, 1831.)

exanthematica simplex; 4th, *urticaria febrilis*, and finally some other allied nosological species.*

Not being enabled to support my assertion by the history of each particular case, I am satisfied in proving the existence of these paralyses. Their reality has been demonstrated to me by observation; I admit, however, that care should be taken to avoid one cause of deception, which it is sometimes difficult to do. The persons most exposed to these mild affections are generally those, who also are the most subject to nervous affections, and especially to those multiform neuropathies, manifested in hysteria. This neurosis often of itself induces paralysis of sensation and motion; it is therefore possible, that these intercurrent maladies only present a favorable occasion for the manifestations of these nervous disorders, and are not their actual efficient cause. Moreover, the same difficulty applies to diseases, whose tendency to produce paralysis is better marked, not even excepting diphtheria. In urticaria, the doubt is still more increased, when it is considered, that the eruption which I shall call *spontaneous*, is sometimes simulated by wheals of urticaria traumatica, so to speak, whose production is connected with certain states of the peripheral nervous system incident to hysteria, as well as other neuropathies. I class these phenomena among those, which reveal the functional independence of organs in their relation to the great regulator, the nervous system; it is noticed in the fifth observation of my first memoir,

* Of all these affections, the slightest perhaps, the eruptive fever, has presented marked phenomena of paraplegia in a case observed by M. Trousseau, and concerning which my friend has communicated to me a note, since the reading of my memoir before the Société-des-hopitaux. It is the case of a young woman, aged twenty, who during the invasion of a febrile urticaria, was seized with nervous disorders of very great gravity; she fell into a profound stupor, and was attacked with anæsthesia, and at the same time paralysis of motion of the lower extremities. M. Trousseau saw that he had seen fortunately in very rare circumstances after the eruption had entirely disappeared, the anæsthesia and amyosthenia particularly in the lower extremities, in connection with other nervous phenomena, continue for some time.

on *hemiplegia alternata*, or alternate hemiplegia. Since then I have often observed it in paralytics. A vigorous man, attacked with incomplete paraplegia, with muscular astasia of the paralyzed members, exhibited in the highest degree this singular disposition to be covered with wheals of urticaria on the posterior extremities, as the result of a mechanical irritant. He remained a long time in my walls in the hospital Beaujon, where he was an object of curiosity. Circles, crosses, letters, in a word, figures of every kind, traced with the nail on the thighs or buttocks, caused instantaneously, at first, a bright redness, subsequently a large, well circumscribed elevation. The spot afterwards became less red, and its appearance was, in fact, so similar to that of urticaria,* that it would have been impossible for the most skilful clinic to distinguish them. A paralytic neurosis with artificial urticaria would easily be mistaken for the last disease, complicated with paralysis. The *purpura hemorrhagica* of Werlhof, and generally every acute disease which is accompanied by that complex affection of the economy, whence results the hemorrhagic tendency, may, independently of any other circumstance, be attended by paralyses with sanguineous effusions, around or in the thickness of the centres and conductors of the motor and sensorial innervation. This does not prevent the introduction of other causes of paralysis in these different diseases, which count the hemorrhagic condition in the number of their elements.

Before leaving maladies which are diathetic or specific to a certain degree, and considering the accidental disorders of the economy, the pure and simple inflammations (*inflammationes genuinæ*;) it might be proper in order to adhere to our plan, to undertake the description of the rheumatismal paralyses.† Two reasons induce me to neglect this study; the amount of labor involved, and the little ad-

*Gazette hebdom. de Med., Paris, 1855.

†I think proper to mention incidentally diphtheric paralysis, as pertinent to those which succeed to inflammatory anginas, with or without guttural herpes.

vantage which can be drawn from it, in the special point of view from where I now stand. My object is to establish, as a general fact, the existence of paralysis in all acute diseases, and not to specify absolutely all that I know on the matter. In order to exhibit faithfully the state of our information on rheumatismal paralysis now generally received, a volume might be elaborated.

However, I cannot forbear mentioning that the influence of arthritic affections (gout and rheumatism) as causes of paralyzes, imperfectly observed by the great physicians of the seventeenth and eighteenth centuries, but well studied by M. Grifoullure, is rather exaggerated than depreciated by our contemporaries, who willingly attribute to rheumatism the local effect of cold, or rather the indirect consequences of a general chill, without exacting as the complement of their diagnosis, the usual indices of the rheumatismal diathesis. These cases having been separated, it is evident that rheumatism induces paralytic complications, either by acting on the muscles whose functions it first alters, and subsequently its nutrition, or by involving the central or peripheral parts of the nervous system, which suffer equally dynamical and anatomical lesions.

Motion is most often affected, but the sensibility is also concerned. Paralyzes vary besides, in extent; some limited to certain muscles or small areas of the skin, others attacking a large portion of the body. Among these last are found hermplegias, paraplegias and general paralyzes of both kinds. General paralysis, properly so called, and the asthenic diffused paralysis of convalescents; the one symptomatic, the other named essential.

The history of cerebral rheumatism (soon followed, without doubt, by medullary rheumatism,) such as may be now instituted, resulting from the labors of both the ancient and moderns, will throw much light on the facts which are now under consideration.*

* See *études et observations cliniques sur le rhumatisme cérébral* par A. Gubler, in *actes de la Société Méd. des Hôspit et Arch. gen de Méd.* 1857.

PARALYSIS IN THE THORACIC PHLEGMASIÆ.

Certain forms of paralysis have been for a long time observed, in connection with acute inflammation of the respiratory apparatus. Galen speaks of a paralysis of the arm occurring on the same side, as a pleurisy. Many centuries ago, analogous observations were repeated and transmitted to us by Boerhaave, Hoffmann, Sauvages and Bosquillon; but their knowledge then was confined to *paralyses of vicinity*, and we reach the days of Huxham, before we meet the indication of similar affections, whose seat was more distant than that of the first disease. In his celebrated Essay on Fevers, the English physician thus expresses himself: "In certain very violent peripneumonice, where the two lobes of the lungs are very acutely inflamed and obstructed, an immediate and extreme debility manifests itself, accompanied with inexpressible anxiety, præcordial oppression, pulse small, feeble, tremulous, coldness of the extremities, viscid, cold and partial sweats, eyes fixed and inflamed, face marbled and almost livid; all these symptoms soon followed by stupor, delirium, and in some cases, rarely, it is true, by complete paraplegia."

An example is recorded further on under his pen: "It happens sometimes," adds he, "that at the commencement of peripneumonia, the pain in the side ceases, which may happen, when the pulmonary inflammation is so grave that little blood passes from the right to the left ventricle, and the aorta is only half provided with blood, so that the natural forces succumb to this failure of blood, everything tends to a general stagnation, and the patients become so to speak, insensible or, as Aretæus says, *complain of nothing*; though their pulse be intermittent, and their extremities cold. I have seen many of these cases. About four years ago, a M. Cam, sailor, was seized with complete paraplegia about the ninth day of a pleuro-pneumonia, and about twenty-four hours before his death."

Let us dwell for a moment upon these interesting observations. According to the remarks of Huxham, the peripneumonia was entirely developed, when the paraplegia

showed itself, and this complication took place in double pneumonias of the most violent type. On reading the attendant symptoms, it appears that the obstacle to the respiration and circulation had become so serious as to cause asphyxia, so that the paralysis was not the direct and special effect of the pneumonia; it was, doubtless, one of the numerous consequences of *asphyxia* or *anoxemia*.

Now, let the patient be asphyxiated by charcoal vapor, or in consequence of the occlusion of the air passages; let it be occasioned by a loss of the exchange between the blood and the air in the texture of the pulmonary parenchyma, or rather from the absence of the antagonism between the elements of the blood and the oxygen in the capillary network, the same phenomena will supervene, and among them, torpor of the nervous system. The asphyxiated insensibility is a fact well known by pathologists; but is it not surprising to see it noticed by Aretæus eighteen hundred years ago, and physiologically explained by Huxham since the first half of the last century.

When sensibility is extinguished, motion may also be involved, since the hæmatotic oxydation is indispensable to the continual reparation of the muscular force; consequently, amyosthenia is very natural in the course of a disease which, like double pneumonia, suddenly oppresses the greatest part of the pulmonary apparatus. Moreover, paralysis of motion in asphyxia is not less proved, than that of sensibility, by the labors of Portal, of M.M. H. Bourdon, Raoul, Leroy d'Etiolles, Herpin, (de Metz,) Scoutetten and Faure.

There is a large number of serious diseases, in which insensibility of the deep parts, as well as of the superficial region of the body, is produced by different causes. This phenomenon is frequent in advanced puerperal peritonitis, more rare in the other inflammations of the abdominal serous membranes, and when lying in women affected with peritonitis *complain of nothing*, to make use of the old expression, it is then that life abandons them.*

*These pathological modifications of the sensibilities of internal organs, studied as they deserve to be, would reveal to us curious particulars.

Without alluding to other diseases, it may be said that the thoracic affections often cause disordered sensibility and motricity in their closing periods, through the medium of the asphyxia which they induce. Diminution or abolition of sensibility and motion from this cause, are met with at the close of violent cases of hydrothorax, pulmonary tuberculizations, excessive bronchorrhœa, and suffocative catarrhs.

In all these cases, as well as in double pneumonia, or in obliterations of the air passages, such as croup, there is observed in connection with the capillary stasis, the pale tint of the skin, and violet color of the mucous membranes, a marked torpor of the nervous system, ordinarily characterised by insensibility, more rarely by amyosthenia. This general result of my observations, so easy to verify in the numerous phthisical cases of our hospitals, for example, is only necessary to be announced.

Most of the observations given by the ancient authors refer, as we have seen, to cases of paralysis localized in the superior member of the side, affected by pneumonia or pleurisy, and especially by empyma; for purulent effusions of the pleura have especially been the cause of them. I have had the opportunity of meeting similar cases, nearly as severe, and have often seen the sensibility obtuse and motion torpid, solely in the superior member, corresponding to the side affected with pleuro-pneumonia or pulmo-

The different forms of sensibility of the viscera and internal parts of the body are increased, lost, or perverted, as well as those of the skin. Nothing is more variable than sensibility to pain in these deep parts in the train of morbid cases. The same holds good with the sympathies, which they are capable of awakening by their sufferings. This is so true, that the symptoms detailed as pathognomonic of peritonitis, are sometimes absolutely wanting in this inflammation, whilst their whole number is observed without a trace of peritoneal phlegmasia, or with lesions comparatively insignificant, for example—after certain reductions of hernias or certain penetrating wounds of the abdomen. Ruysch and Boerhaave have already made similar observations. It is then proper to isolate this collection of nervous diseases, as a distinct morbid element. The feeling of temperature undergoes the same changes; there exist within or without morbid *hyper* and *hypothermesthesias*.

nary tuberculization, but this state in my patients did not advance sufficiently far to constitute confirmed paralysis.* To resume; in a case of hypertrophy with degeneration of the liver, the habitual diminution of sensibility and motion in the right arm gave place, in the midst of singular attacks, resembling those of general paralysis, to complete abolition of mobility in this same member, whilst everywhere else the paralysis was incomparably less. The *paralyses of vicinity*, belonging to thoracic affections, have doubtless been noticed by other observers. I know, however, only one among our contemporaries who has related examples of it, I mean M. le Dr. Macario.† This physician lately has first published cases of pneumonia followed by paralysis more or less extensive. I extract from the letter written by our *confrère* of Nice, on the occasion of the discussion which has originated this present essay, the condensed recital of facts, which he has collected in his treatise on *Dynamic Paralysis*.‡ His fourth observation offers a case sufficiently characterized by local neighboring paralysis or *paralysis of vicinity*.

Observation XXIX.—M——, aged 60 years, nervous temperament, constitution phlegmatic. Acute pneumonia of right side, (two bleedings, three applications of leeches, emetic in large dose, vesicatory). Resolution; from the commencement of amelioration, pain and swelling in the right forearm, beginning at the elbow, and extending to the fingers; feeling of coldness, especially along the cubitus; very unpleasant tingling from the fingers, and palm of the hands, to the elbow. “The patient cannot use his hand, which is deformed; the fingers are semiflexed, and cannot be straightened. The muscular extensors principally are paralyzed; the flexors are also enfeebled, it being impossible for the patient to bend completely his fingers; sensibility is equally blunted.” Recovery slow; at the end of a year, the fingers and the hands are still much swollen.

*See Bulletin gen. de therap (dec. 1850,) Moniteur des hopit (fevr. 1853.) Arm Med. de la Fandre occid (1854.) Gaz. Med. de Paris, (1859.)

† L'Union Med. 8 Nov., 1859.

‡ Paris, Gumer Bailliere.

The paralytic phenomena were slightly marked in this woman; sensibility however was lessened, and motion embarrassed; but the difficulty of extending or flexing the fingers appears to me less to be attributed to the amyosthenia, than to the contracted condition of the muscles of the forearm and the hand. These symptoms, according to the author's opinion, belonged more immediately to the pulmonary catarrh; and, if they had been temporary, their explanation might be sought in a sort of derivation exercised on the nervous apparatus, by the excessive mucous secretion (bronchorrhœa,) which accompanied the secondary phlegmasia.

An observation, of which I myself have been the subject, will support this view: during twenty or twenty-five minutes, that a penetrating wound of the lung remained open, giving passage to air and blood, my right arm remained in the most absolute immobility: to move it, I was obliged to use the left hand. As soon as the wound was closed, by a change of parallelism or a clot, motion returned in the superior member. The chronicity of the functional trouble in the woman, on the contrary, is not explained by similar mechanism, and causes us to admit a lesion proper of the nerves affected. Was it a question of paralysis of vicinity, in this other case of M. Macario?

Observation XXX.—Antoine A., aged 20, of feeble constitution, but general good health; chill, frontal headache, troubled sleep, the whole right side of the body benumbed; gastric uneasiness; urine sedimentary; fine, dry crepitant râle at the inferior and right side of the thorax; no pain under the left breast, sputa sanguinolent (two bleedings, emetic.) Resolution; the right side of the body remains benumbed, and two months later, the right leg remains more feeble than the other, she dragging it as she walks, continual tinglings from the groin to the sole of the feet, (frictions with sedative lotion;) cure slow.

The early appearance of the numbness would have prevented me from considering it, as a system subordinate to the pneumonia; it appeared rather a cotemporaneous phenomenon, depending on the same cause, the chill.

This supposition would obtain confirmation, if it were mentioned that the patient was chilled, particularly on the right side, by being exposed to a current of air, or by lying on the ground on that side.

The two first cases of M. Macario manifestly belong to the class of consecutive paralyses, which I name *diffuse*, and which I attribute to general asthenia.

Observation XXXI.—Jean M., aged 49, of nervous temperament and feeble constitution; badly lodged, and imperfectly nourished. Pneumonia of the right side (two bleedings, emetic in large dose, broad vesicatory.) Resolution; convalescence rapid and clear, the surface of the blister continues to suppurate abundantly; it is covered with a white exudation; at the same time, great weakness in the legs, tingling in the soles of the feet, and in the palms of the hands. The following days, progressive extension of the blistered surface, debility and tingling on the increase, and invading the pelvic members as far as the groins, and the superior members up to the shoulders. Two months and a half after the cure of the pneumonia, paraplegia complete; the arms always obey, though imperfectly, the will; sensibility preserved. This complete amyosthenia lasted about one month; subsequently, during the night there was a sensation of coldness in the legs, and in the morning he commenced moving a little the feet. Convalescence gradual: at the end of fifteen days able to walk; complete return of the use of the members soon occurred. The tinglings persist for one month after the cure of the paralysis.

Here was a general paralysis, principally in the inferior members, and consecutive to the pneumonia. The etiology appears to me as clear, as in the species of those accidents, which have been noticed; nevertheless, the condition of the vesicatory raises an objection, which will be considered further on and which I hope to refute.

Observation XXXII.—B., aged 35 years, of lymphaticosanguine temperament, robust in appearance, but in delicate health. Double pneumonia (four bleedings, leeches,
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emetic in large dose, two vesicatories.) Resolution; the blistered surface suppurated for a long time. The patient experiences in the legs and arms, pain, and much feebleness, continually on the increase. Finally, the inferior members are completely paralyzed; the arms still obey the will, but cannot be raised to the height of the head; the hands remain flexed. Sensibility preserved in the paralyzed members, appetite quite good, constipation obstinate, no pain in the head or spinal marrow. Tonic regimen, ferruginated water, salt-bathings.

Notwithstanding the remedies used the paralysis made rapid progress, and the patient died sixteen days after the cure of the double pneumonia. No autopsy.

The fearful rapidity of this paralysis has its equal only in the acute ascending paralysis, observed in a patient of mine, which case M. Landry has published. Both patients died, which is not usual in affections of this kind, even when they present rapid symptoms. This fatal termination is explained, I acknowledge, by the fact that the organs concerned in the movements of the thoracic viscera were eventually affected, as well as those of the life of relation; but how is it that the respiratory nerves, which nearly always escape the attacks of this malady, sometimes participate so unfavorably in the disorders of other parts of the nervous apparatus? Does the seat of the primitive inflammation have no weight in the study of this complication? The local alterations, dynamical and others, which survive the pulmonary phlegmasiæ, cannot be unconcerned in the consecutive disorders, which effect the innervation of the respiratory apparatus. Of these local modifications, those which consist in material or anatomical lesions are all known; but there are others. The acute inflammations of the lungs and pulmonary parenchyma leave in their wake a paralytic atony of the walls, which is easily explained by the facility of the return of the hypostatic congestions. I have likewise observed as a sequela: 1st, *hyperæsthesia*, especially in regard to degrees of temperature, slightly inferior or superior to the medium

scale ; 2d, perversion of sensibility, consisting of subjective sensations of heat, cold, &c. These disorders are, or should not be, the only ones, for we have a right to believe that the anæsthesia involves equally the touch, as this special sensibility which places the pulmonary surface in relation with the atmospheric oxygen. If this perturbation is real, as I believe, grave complications are necessarily the immediate or indirect consequence. Directly, it will render the hematosis feeble ; sympathetically, it will retard the hepatic secretions, in accordance with that law of reflex action so well demonstrated by the experiments of Professor Claude Bernard. Therefore, by virtue of this agreement proclaimed by physiologists of all ages, the nutritive functions will undergo the same decay, and if the torpor of the pneumogastric nervous system be sufficient to merit the name of paralysis, the decay of all the great functions of the economy will be such that life will cease for want of nutrition. Thus death would be explained without the notable phenomena of asphyxia, notwithstanding the paralysis of the respiratory functions in the patient of M. Macario, and in the following, the abridged notice* of which, I reproduce here.

Observation XXXIII. (Extract of case of M. O. Landry.)—*Many successive affections ; finally pneumonia, acute ascending paralysis, general. Death, autopsy ; no appreciable lesion of the nervous system.* G——. (Jean Baptiste), paver, aged 43, entered June 1st, 1859, the hospital Beaujon, ward Saint Louis, No. 22.

There are noted in the antecedents of this patient, a rebellious intermittent fever and two attacks of rheumatism, the last in November, 1858. In the following month of January, there was some slight impairment of health, among which was a continual slight cough.

On the 16th of March, 1859, G—— was seized with a violent chill, with no pain in the breast, cough and high fever. The physician recognized inflammation of the

* Consult, for more ample details, the Gazette hebdomadaire de Medecine, numbers of 29th July and 15th August, 1859.

chest, practised three successive bleedings, gave emetic potions, and applied several flying blisters.

For eighteen days G—— took no nourishment; at the end of this time *bouillon* only was allowed. . Convalescence was slow; the patient could not resume work till the 9th of May, still very feeble. Instead of his strength returning, there was a gradual debility. Finally, on the 15th of May, G—— felt so weak, as to give up all work. Three or four days before, he had experienced tinglings in the extremities of the fingers and toes; but with the exception of the extreme debility in which he was found, there was no other morbid symptom. No change occurred till the 13th of June, when the knees commenced to give way, and the walking to be embarrassed. Already the tinglings had affected the whole of the feet; then extended to the legs and thighs, to the superior members, and continued to the arms. This sensation invaded, in its ascending march, successive zones, leaving the inferior segment of the member, as if benumbed by cold. The following days G—— experienced more difficulty in holding himself erect, and walking, and declared, on the 17th of June, that he did not feel able to get out of bed. He could only remain standing, when assisted by two persons; his inferior members are entirely impotent, and he is not simply unable to direct their movements, as takes place in certain paraplegics, who proceed by quick and irregular contractions. As regards the thoracic members, a sensation of rigidity exists in the fingers, and a difficulty solely in elevating the limb, which cannot go beyond a horizontal line.

Paralysis was complete in a few days in the members, and reached the muscles of the trunk, even those of respiration (intercostals and diaphragm.) The epigastrium is slightly depressed during inspiration and raised in expiration. The patient is fixed to his bed, without being able to execute an entire movement, scarcely using his arms, and not at all his thighs, and if he is set up in bed, he cannot support himself, and immediately falls. He complains much of difficulty of respiration, which would not

be imagined from his calm appearance; mastication and deglutition are difficult. There is not even speech or expressive motion of the face; rigidity and tinglings are present in the cheeks, the latter felt even in the trunk; urination and defecation voluntary; no trembling or abnormal contractions of the muscles. Hallerian irritability intact, as well as the excitability of the nervous chords; tactile sensibility diminished in the inferior segments of the members; sensation of muscular activity abolished in the motor muscles of the feet and toes only. Nothing abnormal in the special senses or intelligence, no febrile movement; on the contrary heat, but slightly elevated, and even diminished in the members. Pulse eighty-five to ninety, small and soft; cough, expectoration mucous, sweats constant, appetite moderate; nothing to notice in the digestive functions and defecation. Frictions on the abdomen with the volatile terebinthinate liniment; quinine, electrization, nourishing food, cutlets, Bordeaux wine.

On the twenty-first of June, his condition was worse; the patient complained of a contracting sensation at the level of the larynx and dyspnœa. In about four hours, the dyspnœa became extreme, speech enfeebled, face and neck slightly cyanosed and covered with a cold sweat.

At five o'clock he determined to take some nourishment, but could not swallow; some moments after, he grew pale, sank and died, eight days after the commencement of the paralysis.

Autopsy, 25th of June, nine o'clock in the morning, cadaveric rigidity well marked, cephalo-rachidian sinuses and meningeal veins filled with blood. No alteration of the *nervous centres* perceptible to the eye or to the microscope. All the portions were cut into extremely fine slices, and examined with particular care. The microscopical examination was made by M. M. Bourguignon, Gubler, Landry, and Ch. Robin.

The lungs, especially the right, presented congestion and a species of splenization, but no trace of tuberculous granulations.

The other organs were not opened.

Many remarks have been made with respect to this prominent case ; I do not think it necessary to insist now on any thing, but the relation of casuality between the last phenomena and the antecedent pneumonia, as well as on the insidious character of the symptoms, the extreme rapidity of its progress, and the total absence of any appreciable lesion to the naked eye, or magnifying instrument. I would only call, for the first time, the attention to the coincidence, of the positive signs of the paralysis of the greater number of the inspiratory forces, with the calm appearance of the patient, the moderate number of respirations, the want of venous turgescence and bluish color of the integuments, (except in the last moments of life.)

This contrast struck me forcibly. With a respiratory mechanism scarcely performing its function, asphyxia seemed inevitable ; and, according to the observation detailed by our confrère in good faith, the asphyxia revealed itself by none of its usual symptoms. The need of hæmatisation was, so to speak, not felt, as the sanguineous mass being enormously reduced, only required a very feeble proportion of oxygen. Many times I have remarked to my pupils, in the case of G——, how imperfectly filled were the vessels, telling them that it was a type of true anemia, and not of hydræmia or chlorosis ; this vacuity of the sanguineous system was moreover in relation with the languor of the digestive and assimilative functions. It is remarked, in the observation, that the digestion was regular ; but by this it should be understood that they were neither painful, perverted, nor troubled by any affection whatever, for the appetite failed so much that the patient did not eat his allowance, and, from the testimony of a "*religieuse*," it was necessary to beg him to take even a small quantity. Reparation was, therefore, impossible, for lack of material ; and inanition, I am convinced, was the principal cause of death.

In the face of this chain of marked symptoms, the mind of the physiologist refuses to stop at these external phenomena, which arrest his notice ; he wishes to advance

beyond the muscular paralysis, and seek in the most hidden machinery of the economy the reason for this exceptional lethality. The atony of the deep tissues and their parenchymata, and the torpor of their functions, appear as plainly to him as those of the superficial contractile organs. Will it be said that there is a total paralysis, in opposition to the ordinary general paralysis, which more limited, spares the splanchnic viscera? Perhaps this condition would not merit this appellation, in view of the small number of the parts it respects; but it must not be believed that paralysis occupies every part, unless, by a deplorable use of language, there is applied to the abolition or diminution of every organic property, this expression, heretofore reserved, simply to the decay of the faculties of sensation and motion. Repelling then in advance this confusion, under the same term, of different facts, whose separation should be carefully maintained, I think it may be sustained that paralysis, properly so called, is not here the only element of the affection, and that it is not even the most dangerous. When the fatal blow reaches the organism, everything suffers and is endangered at the same time. As a sequel to this obstacle, which opposes the regular play of one of the great functions, the whole functional circle is retarded, and soon stops. Nutrition and composition cease, the need for reparation is no longer felt, the appetite is gone, new aliments are no longer introduced in the circulation, hæmatisation becomes almost null, and life is extinguished by inanition, as in senile decrepitude. Cases of this kind may, then, be classed under what the ancients termed marasmas; they constitute, if I may dare thus to speak, a sort of superacute marasmus, a multiple product of which the factor is only more or less important.

In assimilating to the case of our patient those of acute ascending paralysis, mentioned by M. Landry in his note, and in adding thereto the case of M. Macario, we obtain a total of eight cases, four of which have terminated in death. Of these four, three supervened upon pneumonia:

they are the only ones which have been observed as a sequel to this disease. This short statistic shows the influence of pulmonary inflammations in the production of these secondary accidents, and their extreme gravity, particularly when they are caused by peripneumonia. The issue is generally favorable when paralysis shows itself in an isolated state, even in the most diffused and intense forms, as we will see in a series of remarkable cases furnished by my learned friend, M. Pidoux.

Bibliographical Notices.

COMPENDIUM OF HUMAN HISTOLOGY. By C. MOREL, Professor Agrégé à la Faculté de Médecine de Strasbourg. Translated by W. H. VAN BUREN, M. D., Professor of General and Descriptive Anatomy in the University of New York. *New York*: BAILLIERE BROTHERS. 1861.

Professor Van Buren has done good service to the cause of Medical Science by the translation of this admirable treatise of Morel, on Histology; whilst its publishers have displayed great taste and liberality in the typographical execution of the work. Its style is concise; its explanations lucid; its illustrations admirable, and the whole subject of which it treats, is presented in a manner which is at once eminently instructive and highly attractive. The truth is, the Profession has long needed just such a treatise as this,—a treatise presenting a faithful and succinct recapitulation of the most important facts which modern investigation has accumulated, embarrassed by no affectation of pedantry, and exhibiting without gloss or exaggeration the exact *status* of this particular department of science.

The book before us manifestly comes up to these requirements; and we feel justified in asserting that Professor Van Buren has really made an important addition

to the medical literature of this country, and in predicting for the production itself a well merited popularity.

It is really delightful to contemplate the rapid strides which Histology has made since the time of Bichat; that illustrious man, who may justly be regarded as the veritable creator of the science*—inasmuch as this wonderful progress is in itself an additional evidence of the truth and reliability of medicine.

A hurried glance at the History of General Anatomy will illustrate the truth of these remarks. Though some general notions prevailed among medical men in regard to this subject from the earliest times, yet they were indefinite and contradictory until Bichat† devoted his great energies and talents to their elucidation. Perceiving that an animal is but an assemblage of organs, which are made up of different tissues, each composed of elements peculiar to itself, ~~both~~ possessing the same chemical characters, physical peculiarities and vital properties wherever they are found, his active and penetrating mind immediately seized upon this great fact, arranged the various tissues into distinct and dissimilar groups, and thus “created the science of Histology.” This original classification, though exceedingly ingenious in itself, and correct in its general principles, was soon perceived not to be entirely accurate in many of its details by Meckel, Wagner, Weber, and several others of equal celebrity, who devoted themselves to the subject. It soon became manifest, however, that it was impossible to obtain anything like accuracy or exactness in this connexion so long as the unaided eye had to be relied upon, and that some instrument was necessary by which the ultimate structures of the various tissues might be sufficiently magnified to admit of their more thorough examination. This necessity suggested and inaugurated the employment of the microscope in histological investigation, which hitherto had been regarded

* “Des-lors, il (Bichat) crea une science nouvelle.”—*Pinel*.

† “Bichat fut le créateur de l’Histology.”—*Burdach*.

† *Recherches sur La Vie. Traité des membranes.*

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more as a toy by the profession than as an instrument of utility or value. Thus was a new era in medicine established, and a line of demarcation drawn between the science of the past and the present; for though the *Ancients themselves were familiar with the magnifying powers of certain transparent bodies, no previous attempt had been made to apply this principle to the elucidation of anatomical problems, and, consequently, no practical results had been accomplished by it.

The compound microscope was invented in Holland, a little more than two hundred and fifty years since, by Zacharias Jansen, though it has been so much modified and improved upon by subsequent investigators that it may be regarded now as almost a different instrument. The recognition of the important truth, that vesicles are the exclusive constituents of all organised structures—the great fact of modern science—followed as a necessary sequence upon the introduction of the microscope† into anatomical researches; and to Anthony Leuwenhœck, of Holland, belongs the distinguished honor of having made the first advances in this direction. His instrument was rude, and his procedures in a great measure unscientific; but by the force of his genius, and that untiring energy which pertains only to the true disciple of science, he succeeded in discovering and describing the corpuscles of the blood and chyle; the spermatozoids of the seminal fluid; the structure of muscular fibre; the constituents of nerve tissue; together with the composition of dentine, of the ivory portion of the teeth, and of the epidermis. Malpighi,‡ who wrote about the same period, and whose observations, according to some authorities, were made at an earlier date, also recognised the blood corpuscles, and confirmed in many important particulars the discoveries of Leuwenhœck. Neither of these anatomists, however,

* Seneca Nat. Quest., Lib. 1st, Ch. 6th. Also see Smith's Optics, Vol. II.

† Exper. et Contemp. Arcan. Naturæ. detect. Epish 65 to 67.

‡ Malpighi Opera, &c., London, 1686.

recognised that great principle of organic unity which a proper explanation of the vesicular principle has unfolded in all its beautiful proportions. Haller* investigated this subject with the same enthusiasm and acumen which distinguished all of his labors, and succeeded not only in explaining many complicated histological problems, but also in promulgating the most sensible and philosophical doctrines respecting unity of structure and individuality of organisation. Treviranus, after the † publication of Bichat's ‡ great work, proposed a classification of tissues based upon their division into their simplest physical elements, viz.: 'Amorphons, 'Cylinders or Fibres, and 'Globules, a generalization which is sensible and correct enough in itself, but as yet too broad by far for the investigations which have been directed to the subject.

The twenty years immediately subsequent to the appearance of Bichat's work on Histology, witnessed vast improvements in the instruments employed in those minute researches, as well as some remarkable advances in general anatomy itself. Not only was there decided progress made towards a more exact classification of the tissues, and a more successful study of their ultimate structure, but also in the elucidation of the principle of organization as it is illustrated in the vesicular elements of the organism.

The human mind, in obedience to its own instinctive promptings, and influenced by the teachings of Aristotle, Lucippus, Democritus, and Epicurus,§ as portrayed in their peculiar doctrines of organic essence and ultimate atoms, has been seeking from the earliest ages of the world's existence for some *simple principle* by which to explain the phenomena of nature in their multifarious and seemingly complicated manifestations. In no depart-

* Opera Minor.

† Verm. Schrift Gallingen, 1816. ‡ Anatomie Général, Paris, 1801.

(1) British and Foreign Med. Rev. Vol. IX. (2) Muller's Archives, p. 138. (3) L'Agent immédiat du Movement Vital, Paris 1826.

§ Strab. 1 and 15.

ment of science has this spirit displayed itself with greater vigor and intensity and success than in the broad field of general anatomy, and it is impossible to controvert the fact, that it has won in this connexion some of its noblest and proudest triumphs. For, following the lead of the illustrious men to whom I have already referred, and influenced likewise by the teachings of Robert Brown, Schleiden, and Dutrochet respecting the development of vegetable tissue, Theodore Schwann, of Berlin, in 1828, discovered and proclaimed the sublime truth, "that all vegetable and animal bodies are developed from nucleated cells, having the same mode of origin, in a homogeneous, organisable, nutritive fluid." It is hardly necessary to add in this connexion that, whilst the announcement of this broad and important principle has enrolled the name of its illustrious expounder among those most cherished and revered in the temple of science, it has proved the prolific source of honor and improvement to Histology, by attracting to its ranks some of the most enthusiastic and able votaries that ever worshipped at the sacred shrine of truth. A simple reference to the labors of Kölliker,⁴ Mohl,⁵ Meckel,⁶ Bischoff,⁷ Bumgarter,⁸ Gulliver,⁹ Paget,¹⁰ Robin,¹¹ Engel,¹² Müller, Wyman, Bowman,¹⁴ Verdeil,¹⁵ Funke,¹⁶ Jones,¹⁷ Morel, and many others of equal celebrity, is a sufficient *ex* *priori* proof of the rapid strides with which this department of medicine has sought to overtake and even to outstrip its fellows; though, if additional evidence were required it could be abundantly supplied from the pages of the book now before us, teeming as they are with such an array of facts, generalizations, and princi-

(4) *Microscop. Anatomie, &c.*, 1844. (5) *Vermis. Schriften*. (6) *Müller's Archives*. (7) *Traité du développement de l'homme*, Paris 1843. (8) *Ueber die Nerven und das Blut*. Freyburg 1839. (9) *Proc. Zoological Society*, London. (10) *London Med. Gazette*, Feb. 1849. (11) *Mem. de la Soc. de Biologie*, Pano. 1850; also see article *Ovum* in *Compt. Rendu* 1849. (12) *Sitzungst. d. Kais. Akad.*, Vienna 1851. (13) *Smithsonian Reports* 1853. (14) *Phil. Trans.* 1840. (15) *Traité de Chimie Anot.* (16) *Bal. de l'Acad. des Sciences*, July 1852. (17) *Phil. Trans.* 1852.

ples as must be universally regarded as the indices of a science which has certainly closely approximated to perfection.

This is, perhaps, not an appropriate place to discuss the philosophical doctrines involved in the great question of "cell-development," since the treatise of Morel is too practical in its nature and objects to indulge in such a polemic; and hence we shall only say a few words in regard to them.

There is no disguising the fact, that whether the *teleological* or the *physical* view of organization be correct—whether the doctrine of *determinate ideas* or of *absolute necessity* be the true one, the neutral ground about which there is no contest in any quarter—the premises which constitute the common property of all parties—the point of departure from which every disputant takes his reckoning—is the sublime truth which the science of histology has revealed in the discovery of that fundamental unity embodied and illustrated in the principle of cell-development, originally promulgated by the illustrious Schwann. It might be readily shown, we believe, that there is no "irrepressible conflict" in connection with this great question of organization, but that these seemingly antagonistic doctrines sustain certain relations to each other, which if properly interpreted, must eventuate in the establishment of an entire and eternal agreement between them. The fact that every individual organism exists in virtue of a predominant and precedent idea—thus establishing and necessitating a pre-existing spirit, a superior intelligence, a Divine Creator—cannot by any possibility contradict, or be contradicted by, the doctrine that organization is due to a certain combination of forces, producing as an inevitable result that peculiar phenomenon recognized as *individual existence*, for the obvious reason that the very principle of *necessity* which manifests itself in this connexion, is but an *expression* of that omnipotence which pertains to the Godhead—a *mere instrument* by which the Supreme Architect perfects his "wonderous plan" of Creation—a *sim-*

ple illustration of the might and majesty of that great I Am who holds the very laws of Nature in "the hollow of his hand," ^{to be} *reversed* or *executed* according to his pleasure. In other words, if these were *ideas* before the creation of those *things* in which they are embodied; if there be *laws* which were primordially impressed *upon matter*, there must have been a mind—a Divine Intelligence by which the one was originally conceived, and the other primarily promulgated; and hence, we have evolved in obedience to a logical necessity the most conclusive proof not only of a principle of Design throughout all Nature, but of a God clothed with the most sublime and awful attributes, and seated upon the throne of a Universe. Omnipotence and omniscience belong of necessity to such a being; they are integral elements of his divine nature; they are the very proofs and exponents of his divinity; and hence as these are *de facto* the characteristic attributes of the Creator and Governor of this terrestrial sphere, it follows that all forces, principles, and phenomena, whether subjective or objective,—whether seemingly *necessary* or *apparently accidental*,—whether controlled ^{by} *laws*, or directed by what we call *chance*,—in a word, all manifestations of power, ~~all revelations of power~~, all revelations of order or design, all phases and developments of existence throughout the Universe, together with each atom of matter and the laws pertaining to it,—from the simple cell which performs its allotted task in the most insignificant tissue of the body, to the blazing stars that deck the heavens with glory, are the creatures of His Will, the expressions of His Power, and the illustrations of His Majesty. This being premised, it follows logically that there can be no such thing as *chance*, since pre-ordained laws control the Universe, and that, what we call *necessity*, because occurring seemingly as the necessary result of forces developed from the composition of *things*, is *really* but a manifestation of that supreme power whereby their very *elements* were created and combined, which established and perpetuated the relations subsisting between the unique *whole* and its *multi-*

farious parts, and which, as it originated the laws of Nature, is capable of controlling or applying them, and even of revolutionizing the Universe.

It thus becomes apparent, that though the *physical* view of Creation must ever remain subordinate to the *teleological* one, there is no essential antagonism between the two, when they are rightly understood, and accurately interpreted; and hence we conclude, that the conflict which has so long prevailed among their respective champions, prejudicial as it has proved to the cause of truth and to the interests of science, has resulted more from that insane partizanship which bigotry inspires than from any necessary irreconcilable difference on the views entertained and advocated by the opposing parties.

The employment of the microscope in the elucidation of histological problems naturally suggested its application to pathological investigations; and we are thus induced to turn our eyes to the department of Morbid Anatomy for the purpose of determining what is its condition at the present time. The circumstances of the case preclude more than a hasty glance at this subject; and we must beg our readers to understand, that no lengthy disquisition on this most suggestive topic, will be attempted at the present moment.

Some of the ablest men in the profession have made this subject a speciality; and hence it has reached a degree of perfection, so far as the mere aggregation of phenomena is concerned, which is not surpassed, perhaps, by any cotemporaneous department. Thus, the changes effected in the blood by disease have been examined and defined by Becquerel, Gulliver, Andral, Robin, and Bernard; Hypertrophy and Atrophy have been fully explained by Paget; the epigenesis of Areolar tissue accurately studied by Todd and Bowman; the production and destruction of Adipose ably illustrated by Bromeis, Varrentrapp, Redteubacher, and Bichat; the process, products, and laws of Inflammation fully explained by Miller, Jones, Simon, Andral, Paget, Rokitansky, Hurle, and Gross; the reproduction of Osseous tissue elucidated by Perkinjie, DuHamel, Hein, and Oliver;

the production, progress, and peculiar characteristics of Carcinoma, in all its forms, as of Schirrus, Medulary Cancer, Melanoid, Hæmatoid, Osteoid, Villus, and Colloid, have been thoroughly investigated by Müller, Büchut, Robin, Kölliker, Lehman, Broca, Virchon, Rokitansky; whilst the subject of Tubercle has been examined in all of its phases and details by the same impartial and indefatigable observers.

When the positive science of the nineteenth century, under the leadership of some of the great names to which we have just referred, and to which we beg leave to add those of Abernethy, Bayle, Scarpa, Cooper, Lænnec, and Morgagni, was brought to bear upon the incongruous mass of facts which the unsystematised observation of the past had collected, there was still more perplexity produced, and for a time chaos reigned supreme. Cancer was the affection which above all others created most confusion. The Pathologists could not understand how the same disease should produce such dissimilar lesions at different times, seemingly in utter violation of all established rules. The Nosologists, on the other hand, were utterly confounded by a malady, of which the most favorable or unfavorable prognosis was predicable, according to the circumstances of the case, and whose movements seemed to be regulated by no uniform pathological law. This was the condition of things up to the year 1839, when Müller, influenced by the beautiful discovery of Schwann, devoted himself to the *microscopical* examination of tumors, in which he was followed by the entire German school of pathologists, and from which resulted the establishment of the *pathological*,^{cell} as a grand connecting link between dissimilar types of Cancer. To Lebert, of Paris, belongs the credit of dissipating the idea of a natural antagonism between pathology, histology, and clinical medicine, and of uniting them, without detracting from either, into a scientific unit. This was the first step in the revolution which has taken place within the last ten years, wherein Robin, Brœca, Paget Lawrence, Carswell, and Walshe have been

the most conspicuous actors, and whose results are written to-day in the most enduring characters upon the brightest page of medical history. It is not our desire or our purpose, as we have already intimated, to write the history of this great movement, but we simply propose to point out some of its results, not only as substantiating the actual advancement of Pathological Anatomy, but as beacon lights along the ocean of truth, proclaiming that a pathway has been made upon it, and affording encouragement and guidance to those who may hereafter sail upon its waters.

The tendency of all scientific investigation has been shown to be towards the simplification of every subject connected with it, and in nothing, perhaps, is this truth made more manifest than in the classification of tumors. Nothing furnishes a more positive evidence of the advances which have been made in morbid Anatomy than the simple yet most accurate classification of tumors, which has been given to the Profession by Broca, of Paris.

According to this distinguished pathologist all morbid growths may be divided thus, viz.:

(1.) Partial Glandular Hypertrophies, or Glandular Tumors, in which the microscope discovers only the elements that enter normally into the structure of Glands, these elements being unequally hypertrophical.

(2.) Fibro-Plastic, or Fibroid Tumors, constituted by elements analagous to the component structure of certain normal tissues, and also fibro-plastic elements.

(3.) Cancroid Epithelial Tumors, constituted by elements analagous to those that form the Epithelium or normal tegumentary tissue.

(4.) Cancerous Tumors, properly so called, constituted by elements that have no analogy in the economy to which the name of cancerous elements is applied. Under this head belong Encephaloid, Schirrus, Melanosis, Colloid, and Epithelial Cancer, all varying in the rapidity of their growth, their vascularity, and their malignity, in the order in which they have been mentioned.

Carcinoma has a higher morphological character than
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any other of the heteromorphous formations. Invariably the product of a constitutional dyscrasia, and formed from an unhealthy plasma, it is both the exponent of an abnormal nutrition, and the consummation of the highest pathological process known to the economy. Possessing a more complete organization than tubercle, and made up of distinct nucleated cells, its fatality is still without a parallel in the history of morbid products. This being true of cancer, it becomes a matter of the first clinical importance to recognise a carcinomatous growth under all circumstances and in every locality; and hence, the able researches of Berard, Walshe, Lebert, Vogel, Virchon, Burnet, and others, into the essential nature and peculiar habits of this most malignant formation. This is not the place to review the animated and interesting controversy which occurred in the French Academy in 1855, respecting the existence and importance of a peculiar pathognomonic cell, by which cancer can be diagnosed invariably; and which, in fact, has so long and equally divided the whole medical world; but it is important to our present purpose to mention the facts which have been generally agreed upon in regard to this important subject.

(1.) It is admitted that Carcinoma is composed of distinct cells, possessing a unique or multiple nucleus, and reproducing themselves by "simple formation," with a most fatal rapidity and completeness.

(2.) It is acknowledged that these cells have no distinct form, but are "fusiform, caudate, and generally irregular;" whilst their size is equally as variable.

(3.) It is not denied that these cells are so combined as to constitute a more perfect organization, and that they thus produce a product which is structurally and morphologically higher than all other heteromorphose formations.

(4.) It is admitted that these cells never change their character, but remain invariably the same in whatever tissue they are formed, *i. e.* they do not take on the *type* of the tissue with which they are brought in contact.

From these facts, it becomes evident, that cancer cells are peculiar, inasmuch as they are irregular as regards their

nucleus—that they have no regular form, or invariable size—that they are more intimately and completely organized; that they do not take in the peculiar type of the cells which surround them; undergo no transition, and remain in every respect unchanged throughout every phase of their “eventful history.” It is manifest then, that cancer cells do furnish reliable data by which they may be distinguished, and it is equally clear that if the information thus supplied be properly employed, there should be but few mistakes made in regard to the diagnosis of Cancer. Unfortunately, however, the special friends of the microscope have claimed too much for their particular pet, affirming that its revelations are invariably trustworthy, or rather that their interpretation of the facts unfolded by it is necessarily infallible; and as many mistakes have been made by those who pretended to be proficient in the use of it, we regret to say that Velpeau has but too many converts, and that the enemies of the instrument are numerous even in these later days of scientific enlightenment.

We might also point out in detail the facts which modern investigation has garnered respecting the pathology and development of Tubercle; the normal composition and the morbid alterations of the urine, and many other important matters which pertain specially to Pathological Anatomy; but space will not allow us to continue this investigation farther.

We can but say, however, that though the progress of this particular department cannot be questioned, and notwithstanding the many triumphs which the microscope has secured within its boundaries, the intemperate zeal of its champions have claimed for it a more commanding and important position than it is really entitled to. The revelations of the Scalpel, as interpreted by the Microscopists, may throw much light upon the pathological processes of the organism, but they cannot, by any possibility, give a complete and unerring exposition of them. The vital principle—that great, controlling and most absolute dictator, which has been superadded to the organism for wise and

salutary purposes by its Divine Creator—whereby all pathological as well as physiological phenomena are developed and directed, having been destroyed, “the key of the whole mystery is lost,” and though the elements which composed the pathological unity may be analysed, and perhaps comprehended, yet the combination which gave existence and character to the movement—the great central, harmonizing and modifying agency whereby the whole was governed, can never be replaced or understood by such finite creatures as ourselves. And, thus, though the conflict, which had so long been waged between the Necroscopists and Hippocratists has been in a great measure settled in favor of the Anatomical School, the victory has been abused, shamefully abused, until such men as Louis, Andral, and Magendie have actually had the temerity to reject inflammation as a disease altogether.

It is not surprising then that the vanquished should cling with tenacity to their “ancient faith,” and that the distinguished Travers should declare, “that out of the debris of the dead subject, however accurately inspected, examined or arranged, to attempt a solution of the great problem of living actions, and to build upon such a foundation an edifice of pathology, is an imperious fallacy, and scarcely less arrogant and absurd than that of the Cartesian Philosophers, who undertook, out of their anatomical sagacity, to make a man.”

But, though the facts of the case demand that the boastful and extravagant pretensions of its enthusiastic friends should be rebuked by all true disciples of medicine, it would be both unwise and unjust to unite with its enemies in their efforts to disparage the science, and to detract from the merits of those who have labored so industriously and successfully in the unravelling of its complicated mysteries. For no candid man can deny, that many sound pathological doctrines and therapeutical principles have been elaborated in this connection, and that the progress of morbid anatomy is and has been *onward*.

We must be pardoned for this long digression, inasmuch as it has been attempted exclusively for the purpose of calling the attention of our readers to the merits of the subject treated of in the work before us, and of thus inducing them to examine into it. In a word, we have not attempted to review the book; but one object has been, to set forth the value of histological investigations in themselves, with the hope of convincing the profession, not only of the certainty with which this particular department of medical science has been progressing, but of the vast importance of the matters treated of in this admirable work of Morel.

As a general introductory to the subjects discussed in the book, the author divides all the simple elements which compose the structures of the body into four groups: 'structurless material, 'cells, 'fibres and 'crystalline substances. The elements constituting these four classes enter either singly or combined into all the tissues and organs of the body, and impress upon each one of them that particular character which is expressed in the term *typical*—that character which is its distinguishing feature wherever it is found.

He considers the subject of cell-development in all its details, and in an exceedingly interesting manner. According to him, cells are developed but in two ways, viz: by *endogenous* multiplication and by cleavage. There are two divisions of the first, or *endogenous* method; by the separation of the nucleus of the original cell into two "secondary nuclei," their envelope being destroyed, the nucleus surrounding itself with the granular contents of the cell, and a new wall being subsequently formed by the aggregation of the granular contents of the original cell exterior to the nucleus. The second method, denominated *cleavage*, is effected by means of the hour-glass contraction of the cell wall, including in the two partitions, one or more of the secondary nuclei developed from the original nucleus. These partitions finally separate, and two new cells are thus formed, which may go on reproducing themselves either by the endogenous process, or by cleavage *ad infinitum*.

The new views of Virchon, both as regards "cell-development"—the necessity for the cell origin of every cell—and "cellular pathology," are advocated by Morel with much force and ingenuity. We must say, in this connexion, that in our judgment the latter doctrine is entirely erroneous, as could be readily demonstrated did time and space permit. A few words of explanation, however, will not be deemed out of place. It is well known to many in the profession that Rudolphus Virchon, in his recent work entitled "Cellular Pathology, based on Physiological Pathological Histology,"* proposes a settlement of the controversy which has been waged so long and bravely between the Humoral and Vitalistic schools, to which the disciples of both have objected in the strongest terms. Dissatisfied with what he esteems the ultra practical doctrines of the one, and the too speculative views of the other, he has suggested a theory of "Cellular Pathology" as a substitute for these "insufficient and exclusive systems,"—which he thought was a sort of common ground upon which all parties could meet and arrange a final settlement of their differences. Unfortunately, however, this settlement was to be premised by a complete surrender of their principles, and an understanding that for the future they were to surrender themselves, bound hand and foot, without the privilege of appeal or protest, to the metaphysical vagaries of its transcendental discoverer. In a word, he seeks quietly and covertly to prove both "Humoralism and Vitalism" fundamentally incorrect; and whilst pretending to advocate a comparison, he labors to secure their complete humiliation, in order to advance a doctrine which was conceived for the very modest purpose of effecting a complete revolution in the medical world.

The essential features of this new revelation may be summed up as follows :

(1.) The Animal Organism is composed of cells, each with an independent function, which may become deranged or diseased *per se*.

* Berlin 1858-9.

(2.) As a *single* cell may become thus diseased, so a *group* of cells operated upon by a moribific cause, may be altered chemically, morphologically, and functionally, without any affection of the blood or nerves.

(3.) This susceptibility results from the inherent irritability of the part which is the measured exponent of its life.

(4.) The law of affinity, as manifested in the phenomena of nutrition, and in the attraction which certain tissues manifest for particular substances, applies equally to the elements of which the organs are composed as to the organs themselves.

These propositions constitute the "Alpha and Omega" of this wonderful theory of cellular irritability, to which so much attention has recently been attracted, and upon which Virchon and followers have reared their imposing system of pathology.

Morel, being essentially a histologist, has very naturally adopted these views; and hence we find them thoroughly incorporated into his present treatise on General Anatomy, giving to it, in fact, its only objectionable feature. At some future day we shall consider this whole matter more in detail, only remarking in this connexion that, being exclusively a Vitalist, and thus believing in an essentially different system of medical philosophy, it is impossible for us to adopt these opinions, by whatever weight of authority they may be sustained.

He denies also the existence of an *internal periosteum*, or medullary membrane, when considering the development of Cartilage, Bones and Teeth, regarding that which is supposed to be a distinct lining as merely consisting of connecting tissue, and as only serving to support the adipose and marrow of the cavity. This has long been a bone of contention among anatomists, but after this able exposition of the subject, it may be regarded as permanently adjusted.

Bone is not developed, according to our author, by the immediate conversion of cartilage cells into osseous mat-

ter, and insists that it is the nucleus of the cartilage cell, which becomes transformed into the osseous cell, or lacunæ of bone. Whatever differences of opinion may exist in regard to these matters, there is no denying the fact that all which pertains to this interesting topic is clearly and impartially stated; and that hereafter the work will be regarded as *classic* so far as this particular subject.

The chapters devoted to Nervous Tissue and Glands are undoubtedly the best in the whole book, inasmuch as they give a thorough and succinct account of all that is known up to the present moment in regard to the histology of these parts, and we take pleasure in recommending them to the special consideration of our readers.

The plates, which are numerous and well executed, amply illustrate the whole subject, and furnish an additional evidence of the zeal and liberality of the publishers of the book. Professor Van Buren has likewise faithfully executed his trust, and as regards style and diction, the work is all that the requirements of the times could demand of the translator. We have thus devoted much time to this Treatise, but we shall feel that it has not been entirely wasted, if a single reader shall be induced by it to give more attention to this most attractive subject, or if we shall be instrumental in insuring a greater circulation to the book.

A MANUAL OF AUSCULTATION AND PERCUSSION. Translated from the French of M. M. Barth and Roger. By J. H. Pottinger, M. D., St. Louis, Missouri, 1860.

A friend has kindly furnished us with a copy of this little work, and it affords us much pleasure to bear testimony to the very successful manner in which Dr. Pottinger has performed his task. By universal consent, the treatise of Barth and Roger is esteemed the most complete and reliable monograph on the subject of Auscultation and Percussion, which has been published for the special benefit of the student, in any language; and we have no hesitation in saying that this is decidedly, and beyond all

comparison the *best translation* that has appeared in the English tongue. To those just commencing the study of medicine we would say, procure this book by all means, as it will give them clearer and better ideas in regard to the important matters of which it treats than can be obtained from any other work on the subject, whatever may be its pretensions, or by whoever endorsed. The practitioner will also find it an invaluable aid to him in the actual duties of his profession, tending to keep his knowledge of physical exploration fresh in his memory, and serving as a faithful guide in many a case of difficulty and doubt. We heartily congratulate Dr. Pottinger on the successful issue of this, his first venture as a translator.

AN ELEMENTARY TREATISE ON HUMAN ANATOMY. By Jos. Leidy, M. D., Professor of Anatomy in the University of Pennsylvania, &c. Philadelphia. G. B. Lippincott and Co., 1861.

We have not the time or space to do justice to this splendid work in the present issue of the JOURNAL, but will devote ourselves to that most agreeable task at some future day. Suffice it for the present to say that, both as regards the substance matter of the work, and the style in which it is illustrated and printed, it reflects more credit upon this country than any book which has yet been published within its borders. Our thanks are due to the publishers for the beautiful copy with which they have so kindly supplied us.

TREATMENT OF NASAL POLYPUS BY TINCTURE OF MURIATE OF IRON.—Dr. J. H. Reeder, of Lacon, Ill., reports in the *Chicago Medical Journal* two cases of nasal polypus, which he had successfully treated by the application of the tincture of muriate of iron, by injections, and by means of a bit of sponge. In both cases the disease was removed in a few days—it having existed, in the last instance, more than ten years, completely obstructing both nostrils.—*Boston Med. and Surg. Journal*.

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Selections, &c.

THE WHEY AND GRAPE CURES IN GERMANY AND SWITZERLAND IN THE TREATMENT OF CHRONIC DISEASES.

In France, with some few exceptions, no attention has been methodically devoted to the whey and grape cures; they are, in general, not considered sufficiently important to deserve much consideration. In Germany and Switzerland the reverse is the case. Whey and grapes are there not only popular as a means of treatment of disease, but also have a place assigned in the important class of mineral waters, with which they are associated under the name of organic mineral productions, and an increasing number of patients flock every year to the various establishments devoted to their exhibition.

Dr. Lersch, one of the German authors who have best treated this subject, estimates at three hundred the number of these establishments, a figure which has since been nearly doubled. In the North, Rehburg, in Hanover, where goat's whey is distributed, is one of the most important. Liebstein, in the principality of Saxe-Meiningen, Rosenau, in Moravia, also deserve special mention. Schlangenbad, in the Duchy of Nassau, is one of the most agreeable places among those devoted in the region of the North to the sero-lacteal treatment. In the Southern regions, the most frequented establishments are those of Baden-Baden, Badenweiler, Gleisweiler, near Landau, Beuron, Ischl, the most celebrated spa of the Austrian empire. The whey taken there is principally that of the ewe, preferably prescribed for pulmonary phthisis. In Styria, there exist many whey establishments, which are, at the same time, important as spas; for instance, Neuhaus, Rohisch, etc. But the Southern station of all the most deserving favor is in the Alps, and within sight of Italy, Méran, a locality which, for its climate, its whey, and its grapes, is the most renowned in

Germany; its fame has even reached the interior of Russia, and, thanks to its average temperature of $36\frac{1}{2}$ degrees (Fahrenheit) in January and February, it is peopled in winter with numerous invalids. But whey exists wherever flocks are to be found, and for this reason it is the object of such extensive speculation in Switzerland. Most usually, this kind of treatment is instituted in thermal establishments, or in their vicinity, because it has been ascertained that whey mixed with mineral water, and exhibited either in beverage, or more rarely in baths, imparts new virtues to both these medications, sometimes increasing the activity of the whey, and at others tempering the too great power of the springs. Mr. Carrière observes, with regard to phthisis, that the mineral waters in which whey proves most beneficial are the sulphureous, which contain much chloride of sodium. The author describes as follows the manner in which the sero-lacteal treatment is practised in the principal establishments of Germany and Switzerland:

“In order to measure with precision the quantity of whey exhibited, glasses are used similar to those of Carlsbad, which contain about 4 oz. of liquid. The first dose is taken fasting, and the second after a quarter of an hour’s walking exercise in the open air or under shelter, according to the weather. It is almost indispensable that the whey should have been recently prepared, although, as we have already stated, excellent precautions are taken to preserve its temperature. The establishments, considered the best, renew their stock three times a day in order to insure its freshness. It is an advantage, not without value, to take the whey on the very spot in which it is prepared, or very near it. If it should come from afar, it is better to drink it at the springs, like a glass of mineral water, than to wait for its distribution. In the early stages of the cure, two glasses are not exceeded; if no obstacle should arise, and no great perturbation of the digestive organs occur, the daily dose may be increased to four or five glasses, equivalent to about $1\frac{1}{2}$ pints of whey. This applies to cow’s milk whey only, according to Dr. Mojsisovicz, from whom we

borrow all these details. But for goat's or ewe's milk whey, both less digestible, and applicable, especially the latter, to the cure of pulmonary phthisis, it is essential to proceed with greater moderation. Patients laboring under tuberculosis should never take more than three glasses, at intervals of at least half an hour. Two glasses should be drunk in the morning fasting, the third towards the middle of the day. It is not, however, possible to lay down absolute limits on this point. In consumptive cases especially, it would be difficult to establish before hand how the cure is to be continued after the first day. The practitioner must, in the first place, study his patient, and then act according to the symptoms and complications which may arise; but he must especially not allow himself to be discouraged. Whey is not one of those remedies, the efficacy of which proceeds by rapid and unexpected changes; its action is slow, and patience is necessary. Perseverance has, in this treatment, been the secret of many cures.

"Invalids should not confine themselves to a short season devoted to the treatment, says Dr. Helfft; the cure lasts from six to eight weeks at most, which is but a short time for a result of any importance. Not only is it desirable to resume the course of treatment, if possible, after an interval of rest, but it is still better to continue it at the new residence. If the patient is consumptive, and takes up his winter quarters in a mild climate, an additional reason exists to strengthen the influence of the climate by that of the remedy. It is thus the most favorable chances are combined for the attainment of the final result."

The diseases in which they would seem to be productive of most benefit, independently of all theoretical interpretations, are chronic bronchitis and incipient phthisis, obstruction of the viscera occasioned by intermittent fever, the abdominal form of hypochondriasis, hæmorrhoids, obesity, hyposthenic affections in women and children, nervous derangement kept up by debility, etc.

"The grape-cure," says Mr. Carrière, "consists in making entire meals several times a day exclusively of grapes.

These repasts, added to others, supply for the day an amount of nutriment sufficient to satisfy the best appetites. Patients begin with a pound, and progressively increase the quantity to two, three, and even six and eight, the extreme limit usually attained; few consume larger quantities.

“The first portion must be taken early in the morning, not at home, but in the vineyard, when the sun has not yet absorbed the humidity on the grape, and the fruit is in all its freshness. This recommendation does not apply to consumptive patients, for whom the early morning influences are unfavorable, and even dangerous. The sun must have heated the lower layers of the atmosphere, for the advantages of exercise not to be annihilated by an aggravation of the symptoms. The early repast in the vineyard, in the first haze of morning, when the temperature is still low and the wind cool, is suited for such organizations or idiosyncrasies only as require motion in the free oxygenized air to urge the circulation, and rouse the system from its inertia. The first meal should be the most copious. The stomach is empty, and can receive more food than in the course of the day. The other grape repasts must be regulated so that the doses of fruit may be nearly equal. The morning walk should last two hours, when a breakfast consisting of bread and water should be taken. If the weather is unfavorable for walking exercise out of doors, elegant rooms for the purpose are to be found in all such establishments, sheltered from the inclemency of the atmosphere, which is generally not to be depended on in mountainous countries. The second grape meal should precede dinner, which takes place about two o’clock; the third, at four or five; and the last, a few minutes before bedtime, and almost immediately after the light repast which closes the day. This system is persevered in regularly for five or six weeks, not until the cold drives patients away from the establishments, but until the vintage has completely stripped the vine-stocks.

“Some monographers carry their recommendations too

far, and advise the invalids to avoid swallowing the skins and stones, because both are difficult of digestion. The treatment should not be rendered troublesome by unnecessary precautions. The grape-cure is one of those in which the greatest liberty should be left to the patient, not with regard to the regimen properly so termed, but to the treatment. If he can bear well the few pounds of grapes he takes in the day, he may increase the dose, or even exceed the prescribed limits. This kind of imprudence will generally present fewer inconveniences than advantages, and will seldom give rise to regret."

The whey and grape cures, particularly the latter, were well known to Professor Chomel. In his *Treatise on Dyspepsia*, this eminent physician recommends them under the denomination of extra medical treatment, as suited to impress the mind favorably, and subsequently to react with advantage on the system.

In Mr. Carrière's estimation, the predominant virtue of the grape is observable in diarrhœic discharges even in their gravest forms. The various diseases which derange the functions and affect the nervous system of the digestive organs, may likewise be remedied by this treatment. The grape-cure is also efficacious in abdominal and hepatic plethora and their attendant affections or complications, such as obstruction of the spleen, of the larger vessels, and hæmorrhoids. It is not less beneficial in the principal varieties of dyscrasy, such as scrofula, tuberculosis, and pulmonary phthisis, gout, and cutaneous affections. Finally, it advantageously removes hyposthenia and its concomitant symptoms, whether proceeding from a peculiar condition of the constitution or from causes of a different order.

DR. B. M. BYRNE, Surgeon, U. S. A., died at Fort Moultrie, Sullivan's Island, of typhoid fever. He was a graduate of the University of Maryland. He served through the Mexican war, and wrote a work entitled "An Essay, to prove the Contagious Nature of Malignant Cholera."

PRACTICAL MEDICINE.

GLEANINGS FROM FOREIGN JOURNALS, &c., BY DR. MARSLAND.

Paris Physicians and Typhoid Fever.—By Dr. Latour.—The etiology, nature, and treatment of typhoid fever remain enveloped in impenetrable mystery, and baffle the attempts of those who seek to unveil their secrecy by a description, however minute, graphic, and painfully accurate, of the pathological alterations of the intestines, the mesentery, or the spleen. We avow it without shame, and especially without remorse, that pathological anatomy has given no aid to therapeutics in the treatment of this grave malady. Nay, more, in the opinion of a large number of practitioners, pathology has misled therapeutics. They affirm that either through a false interpretation of the meaning of the pathological alterations, or because these pathological alterations are no more than a result of the malady, and not the malady itself, the progress of sound therapeutics has been hindered. Hence they say that the most efficient treatment will be most likely to be discovered if pathology is disregarded altogether. It is worthy of remark that at Paris, in the very bosom of the organic school from which have emanated the most beautiful representations of the typhoid affection, the first insurrectionary tendencies have arisen against the therapeutics which may be called exclusively pathological, that is based on a belief in the inflammatory nature of the anatomical alterations. Of the partisans of this treatment there are only two or three whom we can name. In truth, we scarcely know more than two, one at Paris, the other at Strasburg; but without flattering Professors Bouillard and Forget, we may add that the quality compensates for the number. A new protest has, however, lately arisen against the debilitating treatment of typhoid fever. The author is M. Monneret, Physician of the Hospital Necker, where M. De la Roque made such efforts to establish purgative medication. He recommends not only a tonic treatment, but the methodical, regular, and constant use of

nourishing food from the commencement to the close of the febrile symptoms. This treatment is justified by ten years' experience, and more than 600 observations. In typhoid fever he says nutrition and assimilation more than any other physiological functions are suspended, or at least are struck with profound debility. The nature of this alteration we need not seek in a chloro-anæmic condition, or in a defibrination of the blood. It is inanition, or a suspension or diminution of the work of assimilation, which plays the essential part in the production of the characteristic symptoms, the rapid loss of weight, the sudden emaciation, the ulcerations, the gangrenes, the hæmorrhages, etc., which are equally found in the malady caused by deprivation of food, as may be seen from the description given by the Belgic physicians of the disease attending famine, and by the experiments of Chossat. The commencement of the affection is marked by a saburral and gastric condition, which is with advantage treated at first by one or several emeto-cathartics. The secretory derangements of the liver and gastro-intestinal mucous membrane are happily modified by purgatives, repeatedly administered. Tonics find their use in the ataxo-adyynamic form, while cinchona and its various preparations are useful in the same circumstances, as well as in the remittent forms and in congestions of the spleen.

Such indications are usually regarded as the basis of the treatment of typhoid fever. But it is evident that they constitute nothing more than the treatment of various organo-pathic conditions, and not of typhoid fever itself. In fact, there exists in reality no treatment of this affection, properly speaking. What systematic authors have written on this subject should be regarded as hypothetical. All are alike mistaken; some, by combating intestinal phlogosis; others, the putridity and foulness of the primæviæ; others, again, in attending to the alteration of the blood; while others attempt to act upon the cerebro-spinal nerves, etc. What we should do when once the principal indications are fulfilled, is to observe the nature and pro-

gress of the symptoms, in order to combat them and diminish their violence. This is accomplished by sustaining the natural forces ; that is, the assemblage of dynamic and chemico-physical acts which are transpiring in the capillaries of the lymphatics and blood-vessels governing the interstitial movements by means of which nutrition goes on. We know no medicine which attains this end better or more surely than liquid and solid alimentary substances. They are preferable to any kind of medicine, because they can never exercise an injurious action on the functions, and because they are more easily assimilated, and are, consequently, more likely than any other means to awaken the irritability of the tissues. Can we mention any agent which will more quickly and more surely call into play irritability, sensibility, and mobility, than soup and wine, especially with a great majority of patients, exhausted by want, by excessive expenditure of the strength, by insufficient food, or by breathing bad air? We ask all physicians serving the Hospitals, or frequently attending the poor, have they not been struck as we have with the unquestionable utility of tonics, and particularly of wine and aliments, in a great number of diseases?

Treatment.—The first day emetic doses are administered, and are repeated the following day, if the vomiting has not been copious enough. Seidlitz water is then given for three days, during which are also given three or four quarts of iced lemonade mixed with from half a pint to a pint of good wine to each quart. Two or three cups of beef tea are also given, hot or cold, according as it is best digested. Besides these, most of the patients receive from 100 to 150 grammes of wine of cinchona, which makes the whole daily allowance of wine from one to two pints during the entire course of the disease. To these are added, daily, ten or twelve grains of the sulphate of quinine, several glasses of Seidlitz water every time the bowels are not sufficiently soluble or the meteorism somewhat marked, and iced cataplasms when the case is severe. Towards the

eight or tenth day soup is given three or four times a day, continuing the cinchona.

Except in a few cases where the disease had so far advanced that the aliments passed through the organs without exciting the least pathological irritation, the most favorable results have always been obtained by this mode of treatment.—*L'Union Médicale*.

An Operation upon the Operator.—M. Stackler has long enjoyed great reputation at Mulhouse, in France, as a cool and skilful operator, and also as the author of several valuable medical works. M. Stackler, unfortunately, suffered from a fibrous tumor of the rectum, and lately underwent the operation for artificial anus, soon after which, died of consecutive peritonitis.

The Use of Tobacco in India.—The *Indian Lancet* of February last states that the native prisoners of the Punjaub, Madras, and Bengal, were prohibited from smoking by the authorities, and that three months after the order had been carried out no evil consequences had arisen from this sudden deprivation.

Prodromata of Paralysis.—M. Brière de Boismont read before a recent meeting of the Academy of Sciences a paper on this subject. The symptom to which he attaches most importance is the complete reversing of the habits and character. When a person naturally gentle and patient has paroxysms of anger, or one who has always been religious and perfectly pure, becomes suddenly and unaccountably the reverse, we shall not be deceived once in a hundred times in prognosticating a derangement of the encephalon, which will soon degenerate into a general paralysis.

M. Baillarger has ascertained that general paralysis is met with in the males of all classes of society with an equal frequency ; whereas, the females of the higher walks of life enjoy a comparative immunity from this form of insanity—an immunity not experienced by females of humble status. This able physician, by his position at the Salpêtrière, possesses, in an extensive private practice, a

large field for the study of mental derangements, and this particular class has specially claimed his attention.

Distilled Laurel Water a Cure for Burns.—Dr. Franchino reports three cases in which he has rapidly cured burns of the second, third and fourth degrees by the use of distilled laurel water, which entirely assuages the pain, calms the agitation and inflammatory action; 100 parts are mixed with about 8 parts of a solution of gum. The compresses being saturated with this liquid, are applied to the burned surface, which has previously been cleansed and its phlyctenes punctured. To renew the dressing, the compresses, previous to removal, should be moistened by covering them with other compresses soaked in water.—*Cosmos*.

Antidote against Drunkenness.—Dr. Beck, of Dantzic, has made a curious discovery. He has found the antidote to alcohol, or, more properly speaking, its counter-poison. This is a mineral paste, which he incloses within an olive, and which, when it is once absorbed, destroys not only the effects, but also the disastrous consequences of drunkenness. Several experiments were made upon a Pole, who was made dead-drunk. He successively absorbed three bottles of spirits, and ate three olives without exhibiting the least sign of drunkenness or inconvenience. Hitherto the only specific for drunkenness has been acetate of ammonia, which is easily obtained. The efficacy of this salt has been frequently proved. The usual formula is, eau sucrée 150 grammes; acetate of ammonia 12 to 14 decigrammes. One-half more may be given should the above dose prove insufficient.

Aphonia Diagnosed by Czermak's Laryngoscope.—Dr. Moura-Bourouillon has recently communicated to the Académie des Sciences two cases of aphonia, which had obstinately resisted all therapeutic means. The voice was completely extinguished, and no sufficient cause for the mischief could be discovered. The laryngoscope was no sooner employed than the mysterious problem was at once solved. Two tumors were disclosed, which were so small that one could scarcely believe they would produce so serious results, did we not know how delicate are the vocal chords,

and how easy it is to stifle a sound at its origin. The tumor in one of these patients occupied the exterior angle of the glottis. The other was larger; its base occupied the anterior two-thirds of the inferior right vocal cord, the laryngeal aspect of the thyroid cartilage, and the anterior half of the left vocal cord. This tumor, according to Czermak, was epithelial, and was divided by the operation of catheterism of the glottis, the largest portion being on the right side. A piece of this tumor came away from the patient during a fit of coughing. Its appearance was like that of a fine red strawberry. In this case it is difficult to understand how the sudden invasion of the aphonia could result from the growth of the tumor, which of necessity must have been very gradual.—*N. Y. Medical Gazette.*

ON THE DISEASE OF PRINTERS—BY DR. VAN HOLSBEEK.

Dr. Van Holsbeek having enumerated the diseases resulting from overwork, from intemperance, want of cleanliness, vicious habits, protracted watching, &c., proceeds to speak of the morbid affections more specially belonging to the printer's art. Fissures of the lips, of varying depths, are of frequent occurrence; at other times tumors are developed on the inner surface of the same parts, which are nothing else than follicles whose excretory ducts are closed. These tumors sometimes inflame, become highly painful, rapidly ulcerate, and assume a cancerous appearance. Such affections of the lip are owing to the habit some compositors have of putting into their mouth the types still moist with the fluid which has served to wash them. Dyspepsia is frequent, as is diarrhœa; the latter is, however, of a transitory and mild nature. Among the most common affections are those of the respiratory passages, of which laryngitis and bronchitis are the principal; pleuritis is rare; pleuro-pneumonia is frequent and severe. These diseases are favored by the curved position which the printers are obliged to maintain during their work, particularly when they correct on

the forms, and still more by the night-work, by gas-light, by the dust and emanations in places often confined and badly ventilated. Nearly twenty-five per cent. of printers die of tuberculosis, either hereditary or acquired. Diseases of the heart prevail among the pressmen; hæmorrhoids are rare; varices and varicose ulcers are of frequent occurrence; the compositors who correct on the form frequently suffer from cerebral congestions and hæmorrhage. Among nervous diseases we observe tremor of the hands, against which the author successfully employs the electric current. Saturnine colic and paralysis are rarer than formerly, an improvement due principally to the difference in the composition of the materials of which the type is made, to the precaution of cleaning it from dust, as well as frequently rubbing the boxes which contain it; lastly, to the care of the workmen, who no longer put the letters in their mouth. Hernia is common, particularly among the pressmen; in them we occasionally observe distortion of the joints of the fingers. Fissures and callosities form on the thumb and index finger on the right hand, on account of the roughness of the characters, particularly if they are new and damp with the matters with which they are polished; moreover, in consequence of the habit the printers have of washing themselves with alkaline water or bad soap. Amblyopia and myopia, so very prevalent among typographers, terminate the sketch drawn by the author of the diseases of this interesting class of artisans, with whom we are in daily contact, and whose intelligence and diligence we have constant reason to admire.—*Lo Sperimentale*, December, 1859, page 560.

PROF. W. H. N. MAGRUDER, Baton Rouge, La., is collecting materials for a biography of the late Dr. Drake. All who have any letters, or papers, or are acquainted with any facts or incidents which may be of value in the preparation of such a work, will please address Prof. M. as above.

UPON CERTAIN DISEASED CONDITIONS OF THE OVUM AND ITS ENVELOPES, INDUCED BY CONSTITUTIONAL VICE IN THE MOTHER, AS A CAUSE OF ABORTION. By C. A. Logan, M. D., Leavenworth City, Kansas.*

The deep obscurity in which the mysterious process of generation still lies hidden, renders it impossible for us to take cognizance of the conditions under which the germ may expand into a healthy, living being, or degenerate into a blighted mass. The light, however, which has been thrown upon it in recent years by the labors of such men as Barry, Von Baer, Kölliker, Weber, Sharpey, Coste, Lee, J. Reid, and others, has enabled the observing physician to draw many practical deductions, and apply them with advantage to the furtherance of successful gestation. Reliable statistics show, however, that abortion is an accident of very frequent occurrence, and the difficulty of preventing its repetition in many cases prove conclusively the imperfection of our knowledge.

Mr. Whitehead, in his work on Abortion and Sterility, has given some statistics, which, startling as they appear, are even exceeded, I believe, in the American females. Mr. Whitehead says: "Two thousand married women, in the state of pregnancy, admitted for treatment at the Manchester Lying-In-Hospital, were interrogated in rotation respecting their existing condition and previous history. Their average age at the time of inquiry was a small fraction below thirty years. The sum of their pregnancies already terminated was 8681, or 4.38 for each; of which rather less than one in seven had terminated abortively. But as abortion occurs somewhat more frequently during the latter than in the first half of the child-bearing period, the real average, consequently, will be rather more than one in seven. Again; "Of 747, all had aborted once at least, some oftener. Their average age was 32.08 years. The sum of their pregnancies was 4775, or 6.37; that of their abortions 1222, or 1.63 for each person." From this ex-

* An essay read before the Leavenworth Medical and Surgical Association.

hibit we discover that more than one woman out of every three aborts before she attains the age of thirty years. These statistics are gathered from a class of women who, experience teaches us, are in one of those extremes of society in which abortions are most apt to occur. Could the same data be obtained among the class of females in this country whose social status corresponds to the above, I am of the opinion that the number of aborting women would be increased.

The causes of abortion are divided by most writers into maternal and ovuline, the latter embracing indefinitely all clauses which compromise the life of a child. It is in this division that I believe much harm is done. While the general fact is stated, that the ovule may be diseased within itself, and thereby compromise its own existence, yet it is not taught us that the causes of that condition by which the vitality of the germ is vitiated, must reside in the parents whose product it is. We are thus restrained from looking into the ultimate causation of these difficulties, and content ourselves with knowing that we have done all the books prescribe. In a case of oft-repeated abortion we may have satisfied ourselves that there exists no ulceration or other disease of the cervix—no organic or functional derangement of any of the viscera; we may have carefully fortified our patient against the possibility of nervous shock or excitement, of undue effort, of accidents of all kinds; and when holding in our hand the little product of the blighted conception, we discover that by some mysterious disease of the involucra or other foetal constituents its nutrition has been intercepted, we contentedly solace ourselves and patient with the assurance that the cause was *ovuline*, and could not be avoided. In all such cases would it not be well for us to go behind the ovule, and inquire why it is that the mother cannot eliminate a healthy germ, which shall, in due season, be developed into the equally healthy child? Can there be any doubt that syphilitic or scrofulous depravation of the maternal blood is capable of vitiating the vitality, and setting up

various local lesions in any and all of the ovular structures? I think not; and am of the opinion that if in many of those obstinate cases, where "the habit of aborting" is acquired, we were to inquire into the constitutional tendencies of the mother, we should find one of these causes in operation. and that the difficulty would give way under a proper constitutional treatment.

That various affections of the foetal membranes, by which their absorbing and secreting functions are impaired or destroyed, are a prolific source of early abortions, I have repeatedly satisfied myself, by minute examination of the altered consistence and texture of the membranes, not explainable by post-mortem changes. The fact that the foetal envelopes are subject to disease is presented to us daily in those cases that, though having gone to the full term, present various abnormal conditions which may seriously impede delivery. Of these may be mentioned preternatural toughness, or friability of the membranes; and a largely increased or diminished quantity of fluid; in the former case, perhaps creating uterine inertia—in the latter subjecting the os to the slow dilatation of the presenting part. Nor is the amnion alone liable to these varying conditions of secretion, as the following cases will illustrate:

Case 1st.—August 27, 1858, Mrs. L——, taken in labor with her second child. A vaginal examination revealed a head presentation, with a fully dilated os. The first stage of labor having been completed, I ruptured the membranes, which were rather tough, and a considerable quantity of fluid was discharged. A calm ensued in the pains, and upon their being resumed, the head was driven rapidly into the inferior strait, but with the bag of waters still preceding it. I carefully examined the protruding membrane, and satisfied myself that this one had not been ruptured, and pressing my finger against it, a second quantity of water was discharged, when the scalp was felt, and before a great while the child was born.

Case 2d.—June 29, 1860, Mrs. B——, brought to bed

with her first child. The os underwent a rapid dilatation, and in the absence of pain it was easy to determine that the feet presented. The feature which I wish particularly to notice, however, was the bag of waters as it presented. The finger, when introduced during a pain, first impinged on a membranous bag, rather loose and flabby, but upon being pressed further in it came in contact through the parieties of the first with the hard, unyielding collection in the second bag. I do not know that I can better describe it than by likening it to a small bladder filled to its utmost capacity with water, put into a large bladder but partially filled. If then the finger should be made to feel the small bladder through the fluid in the larger one, the idea would be pretty accurately conveyed. Recognizing thus two distinct collections, I determined, if possible, to procure the fluid of the first for the purpose of analysis. Obtaining the barrel of a small gutta-percha syringe, and stopping up the lesser aperture, I introduced it along with the index finger of the left hand, while a quill pen was introduced with the same finger of the right hand. The sac was punctured in such places as to collect the fluid in the syringe, which was then withdrawn, with the finger over it to prevent the escape of the liquid, and set aside for future examination; but, much to my chagrin, a bungling nurse, in her clumsy haste, knocked it over and spilled the contents. A small quantity of liquid escaped from the rupture of the first sac, and a large quantity from the rupture of the true bag. I have frequently read narrations of this double collection of fluid, in the various medical journal, accompanied with the wonderment of the writers as to its production.

Some of our standard authors, as Dewees, Ramsbotham and Chailly barely mention it under the name of the "false waters," without attempting any inquiry into its cause. I am of the opinion that the collection may either exist between the decidua reflexa and the chorion, or between the chorion and amnion, in consequence of diseased action in either, whereby a hyper-secretion takes place. That these

membranes are subject to inflammation, thickening, opacity, and the effusion of fluid, has been satisfactorily established by M. Mercier. That a syphilitic, scrofulous or tubercular taint may establish such diseases from the first formation of the foetal envelopes to such an extent as to interfere with the healthy nutrition of the embryo, as to cause its death in the early weeks; or, acting less intensely, to simply give rise to a functional lesion, evidenced by the cases narrated, but not sufficient to destroy life, I think is equally plain.

As further evidence of the derangements to which the embryotic membranes are subject, the following case may be related:

Case 3d.—September 14, 1859, Mrs. J—— was taken in labor with her first child. When I arrived I found the os almost fully dilated, but there was nothing to be felt, save the hard foetal head, and I naturally enough supposed the membranes had ruptured. The labor progressed, and in a short time the child was born. Upon an examination, however, I found the infant *enveloped in a strong membranous bag, fitting as closely to the body as a glove to the hand, with no drop of intervening fluid.* It was entire, except where it had been torn from its attachment to the placenta, and so tough that it required considerable effort to tear it open; upon doing which, however, the child cried lustily. The infant was a female, and those of the Irish matrons who stood near and saw the peculiarity, declared that it was born with a *caul* over its face, and was destined to astonish the world by its power of seeing into futurity, when it should reach the proper age. Had it been able to explain to me the mystery of its present situation, I should have been better satisfied.

Here, then, is a case the direct opposite of those before related; and what may serve to throw some light upon it and fix it as a vice originating in the maternal economy, is the fact that although the infant was kept for some two or three weeks at intervals pulling at the breast, *yet no drop of milk was ever secreted by the mother*, and the child

was fed by a humane cow friendly to the cause of distressed infancy. To all appearances the mother would be judged a healthy woman; she had light hair, blue eyes and fair skin, but in childhood had suffered with an unhealthy purulent discharge from the ear, together with some other local manifestations of a scrofulous diathesis. It appears evident to me, that although these cases only establish the fact that the foetal membranes may be diseased in such a way as to derange their secreting properties, yet we are justified in assuming that an intenser form of morbid action, so to speak, may so destroy the integrity of their structure as to incapacitate them from performing their peculiar function, and the embryo perish for want of nourishment.

Some of the authorities mention the fact that constitutional vices in the mother may act as predisposing causes of abortion, but do not lay the stress upon them which I think their importance demands. If a female be affected with a scrofulous diathesis, a condition which has its source in the great river of life itself, can the little cell, whose pubulum it is, so elaborate the vital fluid as to cast out its morbid properties, and appropriate only that which is competent to develop it into the strong and vigorous child? Or would we rather expect to see it impregnated with the weakness of the element from which it springs, and find the tendency to local inflammation and deranged nutrition generally setting up disease in its vital organs and cutting short its existence?

I believe the foetal chorion to be an organ of nutrition, performing the same office for the foetus in the early weeks of pregnancy that the lacteals do at a later time for the independent being. If then the nutritive functions of the mother is diseased, as manifesting itself in scrofulosis, the inevitable tendency is to a lesion of the foetal organs of nutrition, in which the chorion may participate, as well as to a perverted condition of the economy generally. That there does exist this influence by which a scrofulous or other cachectic state of the maternal system strongly in-

duces to disease and death in the ovum, is confirmed, in my mind, by a state of things I have noticed since my residence in Kansas. It is well known that a large proportion of our inhabitants have emigrated from the Eastern States, and many of them for the sole purpose of breaking up a disposition to, or of curing a confirmed tuberculosis—a disease which we all know is the scourge of that portion of our country. Whether experience shall hereafter demonstrate that this climate is peculiarly adapted to diseases of a tuberculous character and its minor manifestations, scrofula, I can not now speak positively, but I have certainly witnessed a remarkable amendment in many of the above cases that, “having thrown physic to the dogs,” could be attributed to nothing save atmospherical influence and increased physical power, induced by more favorable habits of life. Some of these to come back to the subject, have been females whose early history was linked largely with frequent abortions, but who improved in general health to a remarkable extent, and soon conceiving, have gone to term, in some cases, in the face of accidents which, under ordinary circumstances, would almost certainly have induced miscarriage. So frequent is this that the prolific nature of the Kansas women is a frequent laughing topic among themselves. The following case may be given in illustration:

Case 4th.—Mrs. K—— removed to Kansas in 1858, from Boston, having been advised, according to her statement, by the celebrated Dr. Bowditch to do so as a means of improving her health, which for ten years previously, and particularly the latter eight, being her married period, had been very critical. She had suffered much with menorrhagia; in eight years was pregnant seven times, and had aborted as often; was anemic, debilitated, and supposed to be on the threshold of “a galloping consumption.” When I first saw her she was much emaciated; the lips and conjunctiva were bloodless; appetite perverted; bowels excessively constipated, not being moved for a period of two weeks at times; an exacerbation of fever every night. There were several glandular enlargements under the jaw upon either

side, and there existed that peculiar brightness of the eye which so characterizes the scrofulous subject. There was a slight cough, with the occasional expectoration of a thin, whitish fluid, but the physical sign did not reveal any of the indications of tubercular deposition. So she positively refused internal medication of any kind, except as a relief to her bowels. I simply gave her a discutient embrocation for the tumors, and the following mixture for her bowels :

R Ext. sennæ, fʒ iʒ.
Tinct. jalapæ,
Tinc. gentian comp., aa ʒ iss. M.

A tablespoonful to be taken every night, and repeated in the morning, if not sufficient to produce a movement; and the dose to be gradually lessened as the bowels become regulated. Directions as to diet and hygienic generally were also laid down.

Mrs. K—— had been in Leavenworth one year, at the end of which time no one would have recognized her as the same woman. She has grown strong and robust, and the unfavorable symptoms had entirely disappeared. She again became pregnant. When about two months advanced, a fire occurred which consumed her dwelling, and for a period of one hour she was engaged with others in removing her household goods to a place of safety, and sat for the most of the night in the damp air. Notwithstanding our apprehensions, she recovered from the shock and its subsequent exposure and exhaustion, with no symptom of abortion.

About two months after this, while riding out with her husband after night, the buggy was overturned by a stump in the road, the occupants thrown out, and Mrs. K—— sustained a fracture of the humerus, and was obliged to walk in that condition a half mile to the nearest house. She recovered from this, much to her own surprise as well as ours, without bad symptoms, and in due time gave birth to a healthy boy.

Several other cases less marked could be cited, did space permit. I am aware that it may be urged that women in

the last stages of phthisis, and other exhausting diseases, pertinaciously complete the term of pregnancy in opposition to many adverse circumstances, but I regard all such cases as being purely exceptional in their character. Probably no less prolific in producing a diseased ovum than the scrofulous and syphilitic taints is that state of general cachexia and impoverished blood, produced by the excessive mercurialization, so extensively resorted to for the cure of syphilis, and in the West in the treatment of malarial diseases. This state of things, however, under a more prudent and enlightened system of medication, is beginning to be much more rare, and it is to be hoped that the time is not far distant when empyrics shall cease to truthfully stigmatize the profession with the charge of curing one disease by the substitution of another infinitely worse.

Gentlemen of the association, if the foregoing remarks shall induce you, in cases of repeated abortion, where all probable and possible causes shall have been removed, to inquire more closely into the constitutional and hereditary tendencies of your patient, and treat her aborting proclivities by an attention to these circumstances, my end in making them will have been attained.—*Cin. Lancet and Observer.*

SELECTED CASES, WITH MEDICAL AND THERAPEUTICAL OBSERVATIONS. By F. Peyre Porcher, M. D., Physician to the Marine Hospital, Charleston, S. C.

Case of a "Horn" of Extraordinary size and of the second Growth, removed from the Head of a Negro Woman.—The readers of this Journal, and those who saw the patient, will remember a report made in the March number, 1855, of a case in which a horn some seven inches in length was removed from the head of a negro woman. The history of the case was accompanied with a notice of such growths, and a wood-cut representing the deformity. In its removal a portion of the cartilaginous base remained, and the horn reappeared, attaining such a size (three inches on

one border and two-and-a-half on the other, with a diameter at its base of two inches, these dimensions being themselves extraordinary,) as to require a second operation for its excisions. The interval between the two operations was twenty-four months, by which, of course, we have an indication of the rate of growth of such horny tumors.

Chloroform being administered to the patient, in the presence of Prof. E. Geddings and Drs. Cain and Chisolm, and the class of the Medical College of the State of South Carolina, it was completely dissected away, Dec., 1856. No portion of its cartilaginous base was allowed to remain, and the portion of the cranium on the left side of the head at the junction of the parietal and frontal bones, constituting the base upon which the tumor rested, but to which it was in no wise attached, was completely exposed. The wound healed, and there has been no return of the disease, nor indeed any further possibility, it would seem, of such re-appearance.

Case of Imperforate Lachrimal Duct, treated by Dilatation of Animal Membranes for this purpose.—Mrs——, of Savannah, Georgia, consulted me for an aggravated, long-standing and inconvenient discharge of tears, with a dryness of the right nostril. There was no Fistula Lachrimalis. Upon using the fine and sharp silver probes adapted to the purpose, I found the channel through the lachrimal canal to the nose impervious on that side. After persevering some two weeks in the daily injection, with Anel's syringe, of a solution of sulphate of copper in the endeavor to force a passage, but without effect, I attempted gradual dilation with silver probes introduced into the lachrimal sac through the superior punctum lachrimalis. After much persevering effort, making slow progress each day, I at last succeeded in passing the dilating probe into the nostril. With the assistance of Dr. T. L. Ogier, it was drawn through the nose from the eye, having a bit of silk thread passed through the eye of the probe, the other extremity of the thread being previously lashed to a string of cat-gut of small size. The latter was in this way drawn through

to the nose and worn for several days. By the absorption of fluid it dilated the passage. A larger sized cat-gut, carefully joined to the extremity of the first used, in like fashion made to occupy its place. It was worn for several days before being removed; and thus, by absorption and consequent swelling of the animal fibre, complete dilatation of the passage to the nose was effected. The patient was, as might have been expected, much benefited. I have not seen her for some time past, and cannot state what has been the permanent result. The case is reported to show to what extent, by persevering and gradual effort, a completely occluded passage can be re-opened without the use of the knife; and what a large-sized thread can be worn without material suffering in these seemingly sensitive channels. In true fistula lachrymalis the use of the knife would undoubtedly be required.

Abartive Treatment of Gonorrhœa, with Tartar Emetic; cure in thirty-six hours.—In an attendance for several months, some years since, upon the clinical lectures of Prof. —, at the College of Physicians and Surgeons, of New York, my attention was called to the pathology and treatment of gonorrhœa and its relations to diseases of the mucus surfaces. If antiphlogistics, expectorants, tartar emetic, etc., are active in lessening inflammation and in inducing secretions in the mucus surfaces of the lungs, so are they effectual in reducing inflammation seated in other analogous structures with different functions, but where inflammation can be cut short just as certainly. By the bold use of a term the professor asked why we could not give as it were an expectorant in gonorrhœa also, at the same time suggesting the use in its forming stage of so powerful an antiphlogistic as tartar emetic. I have repeatedly availed myself of this hint, and with almost uniform success.

Method.—In the formative stage of the disease, soon after its appearance—within the first fifteen to thirty-six hours, if possible—and before the inflammation has made any advance, order the recumbent posture to be preserved, and

the use of warm mucilaginous drinks with nitre and doses of tartar emetic sufficient to keep up constant nausea. The sedative circulates to the remote parts of the system, the progress of the inflammation is thus put an end to, and in my experience, with but one exception, the disease completely arrested. It is desirable that more extended trials should be made. As we might naturally anticipate, under the powerful depressing and sedative influence of the antimonial upon the circulation, inflammation can make no progress; the urine at the same time is diluted by the mucilaginous drinks; rest and the recumbent posture all contribute their due influence to prevent the march of a disease, leading on when unchecked to acute inflammation, congestion of the urethral mucus membrane, and, ultimately, suppuration with protracted and exhausting discharges. The addition of a very weak injection of sulph. of zinc, or other astringent, I have also found not injurious, and possibly it may contribute to change the growing tendency to morbid action in the parts. Any objections urged against the severity of the means recommended may be met by the consideration of the tedious and protracted character of the treatment ordinarily used, the sum of inconvenience being much in favor of the nauseant. The patient should of course report himself at the earliest possible moment, as the success obviously depends upon the little progress made by the inflammation.

Dr. Billing ("Principles of Medicine") treats diseases of the skin, as well as the affections where minute capillaries and absorbents are concerned, with tartar emetic, iodide of potash, etc., which he contends circulate to and thus modify the parts locally. Thus affections apparently most opposite in character, as for example, pneumonia, mentagra, inflammation of the absorbent glands from wounds and poisons, vesicular disease of the lungs, etc., are relieved, there being both lessening of the impulsive force of the heart and the local effect referred to.

Employment of Chloroform in protracted Obstetrical Cases, not primarily to relieve pain, but to produce sleep during the
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intervals of the pains.—Amidst all the discussions respecting the policy or not of employing chloroform in midwifery, I have been struck with the practical advantage of administering it (a few drops inhaled from a handkerchief) in the *intervals* of the pains of tedious labors to *cause sleep*. It is during this sleep, which oftentimes only a sedative like chloroform will afford, without injury to the patient, that her exhausted system recovers from the effects of protracted suffering. In tedious cases, among primipara particularly, where labor is protracted sometimes during two or three days and nights, there is much exhaustion, not alone from pain, but from the absolute want of sleep. In these cases where it is impossible from the nature of things to use any other remedy (as for example Graves', of tartar emetic and laudanum in the insomnia of typhoid fever,) I have applied chloroform as directed above; or gave it to the attendant to be employed in this cautious and safe way, during my absence. Sound and refreshing sleep even of a few minutes between the pains was thus secured; and I have observed parturient females in a better condition at the end of the fortieth hour than they had been, when not using chloroform, at the conclusion of the first day of labor. Those who have once obtained relief in this way are not likely to decline the aid of the drug. The anæsthetic thus used does not seem to interfere with the progress of the case, and is really not forbidden by a single good reason—the usual objections to the employment of chloroform in labor not applying to this mode of using it. It has been employed by me simultaneously in those cases also requiring the use of ergot, as the following will serve to illustrate:

June 11th, 1857, called to see Mrs. F., primipara, æt. 21. Pains had commenced at 3 o'clock in the morning; I saw her at 2 p. m., found head presenting and resting on symphysis pubis where it remained that day and night, also the next day until 8.30 p. m., when further progression downwards commenced. No swelling of the bag of waters occurred until the last mentioned period; it was ruptured

just before delivery, which was effected at 12 p. m. of the second night, the labor being thus near forty-eight hours in duration. The os uteri was soft, relaxed and dilated from my first examination. After the first day I found chloroform very useful repeatedly employed; it gave sleep between the pains, the severity of which it also lessened, thus being a useful *restorative*; so much so that at the conclusion of the second day of her labor the patient was in every respect in a more favorable condition than during the first twenty-four hours. I also gave her 3 ii of the powdered substance after taking 3 i of the tinct. of ergot in divided doses every half hour, which acted effectually. In this case, as in others in which I have used it, the uterine action followed in ten to fifteen minutes after its administration. In a patient whose case I reported in the Journal, and where the labor was protracted to the seventy-eighth hour, I am sure that the use of chloroform after the method mentioned above would have lessened the amount of suffering endured, and which proceeded, principally from continued loss of rest.

Management of Chronic Ulcers.—To secure with perfect certainty the healing of *chronic ulcers* whether situated or not on parts unfavorable to their healing, I have adopted a modification of the above plan.

It was suggested by the case of a man of scrofulous diathesis under treatment in the Marine Hospital two years ago, whose whole person was marked with old cicatrices of frequent former ulcerations. He informed me that he had been treated in the Dreadnought Hospital, near London, where they are in the habit of managing such sores by light bags made of cotton or thin cloth, somewhat resembling a miniature pillow, that will retain fluids, which are frequently soaked in *hot* water and kept applied to the ulcerated surfaces. The difference in the temperature of the water adapts this mode of treatment to this peculiar form of disease by the special influence of hot application in lessening *morbid sensibility*. In healing ulcers, I have frequently directed that the bags should be immersed in

cold water, first stimulating the ulcerated surface to great activity by the previous application of strong nitric acid—or nitric acid in which bits of copper have been dissolved. The escharotic is used every two or three days, the bags soaked in hot or cold water being applied continuously. Rest is enjoined and tonics and haemetics made use of.

Fifteen cases were treated in the Hospital within the past fifteen months, and in every instance the patient has been discharged cured. After trying within the past three years every species of salve, local astringents, caustics, etc., in the attempt to come to some conclusion as to the relative value of each, and having been taught in earlier life to regard chronic ulcers as the opprobria of medicine, I now feel entirely confident that a case can hardly be so bad that it cannot be healed successfully after the method recommended. Granting the special value of *hot* applications in lessening morbid sensibility in parts extremely liable to it, I have yet thought that *cold* possess their special advantages, also, in constringing the capillaries which have been relaxed by injury to the nerves governing their due contraction—as shown by the surrounding heat and redness; therefore, some judgment may be exercised in selecting the one or the other.

J. H. Bennet says (Clinical Lectures, p. 153, "General Treatment of Exudation"): "A correct treatment, therefore, will be influenced by the stage and nature of the exudation. To prevent or diminish the extent of an exudation, we must adopt measures to overcome the dilatation of the capillaries, their distension with blood, and the attractive power, (whatever it is,) which draws the liquor sanguinis into the surrounding textures. This is accomplished—1st, by local applications of cold and astringents, which stimulate the capillaries to contraction; 2d, by soothing topical applications, such as warm fomentations, opiates, etc., which relieve the irritation of the nerves in the part." * * * * "Thus, locally, *cold*, dryness, and pressure check; while *heat*, *moisture*, and room for expansion, favor growth."—*Charleston Medical Journal & Review*.

Editorials, and Miscellaneous Matters.

The first number of THE BALTIMORE JOURNAL OF MEDICINE is issued at an inauspicious period, and under many disadvantages. The storm which has been long gathering in our political horizon has at length burst with terrific violence upon the country. The days of our existence as a nation seem to be numbered, and that glorious flag of stars which has never known dishonor is about to be rent in twain. Fanaticism rules the hour; and the hearts of all "good and true men" are filled with consternation and terror. The ties of party, the obligations of friendship, the demands of business, and the interests of science, and in fact, all those things which have hitherto absorbed the attention of our people, are now in a great measure forgotten or disregarded. Every consideration of personal interest has given place to an earnest solicitude for the fate of our magnificent country. Professional zeal has relaxed under the sterner demands of patriotism, or the more engrossing apprehensions engendered by the prospect of coming evils. In a word, all else is merged into that great issue, which is now absorbing the minds and hearts of the citizens of this Republic, and which but too probably involves the utter destruction of our government.

These things being true, we feel that this is an unfavorable occasion for the establishment of a medical journal in this city, and that its first number is indeed issued under many disadvantages. But the longest road must have its end, and we are assured that the lowering clouds must ere long be chased away, leaving the political heavens perhaps more contracted; but all the brighter from the gloom which once enshrouded them. We know that the darkest hour is often the herald of the most refulgent dawn, and we feel that though the stars which illumine our national firmament, may be differently grouped, yet each in its own particular sphere, will shine forth with undimmed

lustre until the end of time. The minds of our people cannot be attracted from their accustomed paths but for a very limited period; and the time must soon arrive in despite of political revolutions, or even the fierce alarms of war, when the temples of science will again be filled with multitudes of ardent and enthusiastic votaries.

Prompted by these considerations, and convinced that the Profession of this great city requires some organ of its own through which it may be brought *en rapport* with the medical world, we have undertaken this new enterprise, resolved at *all hazards* to sustain it.

The JOURNAL shall be independent in all things, speaking the truth without fear or favor, indulging in no malicious criticism, and laboring with untiring energy to elevate the dignity of the profession, and to advance the cause of Medical Science. It will faithfully record the great *facts* which are being constantly eliminated by the labors of medical men in all countries; and at the same time it will delight to foster native talent by throwing open its columns to *all* who may desire to communicate the results of their investigations to the world, without asking a question as to the orthodoxy of the opinions advocated, or caring by whatever weight of authority they may be opposed. It will be the tool of no particular faction, the mouthpiece of no clique or party, the special ladder for no man's ambition; but the organ—free, fearless, and impartial—of the medical fraternity of Baltimore, the exponents of their opinions, the advocate of their interests, and the champion of their rights whenever assailed.

But whilst thus willing to grant to all a fair field and a full hearing, we have our own particular opinions, and will not hesitate to give expression to them in the Editorial Department of the JOURNAL. In attempting this, however, we shall labor to do violence to the feelings of none of our readers, and shall treat both friend and foe with equal courtesy and fairness.

It would perhaps be unjust to our patrons to neglect to state that, being fully persuaded of the truth of the great

principle of *Vitalism*, we shall endeavour to inculcate that particular doctrine at all times, in our legitimate sphere, and with whatever of ability God has bestowed upon us.

With these statements we commit our cause to that profession which has always been distinguished for its liberality and justice, convinced that it cannot suffer in such noble hands, and assured that if this journal does not accomplish its legitimate mission, it will not be from the want of able and zealous friends to give it encouragement and patronage.

In conclusion, we beg leave to say to all who may not be favorable to this enterprise, that it is useless for them to delude themselves with the hope or expectation of its failure, since some of the first men of the country have pledged themselves to its support, and the Editor has resolved to go on with the work at any pecuniary sacrifice.

OUR FRIENDS.—It is a source of infinite pleasure to know that warm and able friends have sprung up around us at every step of our editorial life, and that this enterprise has the sympathy and the good wishes of many of the first men, not only in this city, but in other portions of the country. Our leading article in this number, it will be perceived, is from the pen of one of the most distinguished gentlemen in the West; and we are pleased to be able to state, that he has promised to contribute regularly to our columns.

At the risk of appearing egotistic, we cannot refrain from inserting the subjoined extract from a letter written to us, by Dr. Martin Paine, of New York, who is by all comparison the most able and erudite of American authors, and the special champion of those great doctrines of *Vitalism* and *Solidism*, to the advocacy of which we stand at all times committed:

NEW YORK, December 23, 1860.

MY DEAR DOCTOR:—

I am exceedingly gratified in the receipt of your letter of the 19th inst., particularly as it informs me that you are about to commence the publication of a medical journal at Baltimore, which, among other things, will advocate the momentous doctrines in *vitalism* and *solidism*. To this work you are entirely adequate, and I must congratulate the American Medical Profession that your labors are to be given to this enterprise. I have

no doubt of its early and thorough success. This plan of advocating in this wise these great doctrines is not only new but attractive, abounds with novelty and variety, and presents the philosophy of medicine in a rational majesty before which all other systems appear as visionary schemes. It must therefore soon engage the interest and the sympathies of a numerous class of physicians. Indeed, there are very few among us who are truly aspiring at knowledge that do not quickly appreciate and cultivate the profound philosophy of medicine when once brought to their attention. Moreover, the American Profession is rich in men of vigorous thought and of the soundest views in the science, and who only want the opportunity which you are about providing to render them tributary to a medical literature that shall do honor to their age and country.

ARMY NEWS.—The Board of Army Surgeons, which assembled in Baltimore on the 20th. of September, was composed of Surgeons C. A. Finley, Charles S. Tripler, and N. S. Jarvis, with Assistant Surgeon Charles H. Smith, Recorder.

Sixteen candidates were authorized to present themselves for examination. Of this number eight failed to appear or withdrew, and eight were examined in full. Of this latter number five were found qualified, and have been appointed Assistant Surgeons in the Army of the United States. The names of the successful gentlemen are as follows, in the order of their relative merit: Dr. Campbell Short, of Maryland; Dr. A. Francis Mechim, do.; Dr. Clinton Wagner, do.; Dr. David P. Ramseur, of North Carolina; Dr. Wm. F. Cormick, of Virginia.

Drs. Mechim and Wagner are graduates of the University of Maryland, the latter having been clinical clerk at the Baltimore Infirmary for several years past. Drs. Short and Cormick are graduates of the University of Pennsylvania, and Dr. Ramseur, (we understand,) of the University of New York. The Board also examined Assistant Surgeon P. G. S. Ten Broeck, Lyman H. Stone, and Edward W. Johns for promotion, who were all found qualified. Having completed the business before it, the Board adjourned *sine die* on the 6th of October.

Owing to the small number of candidates examined, the Board was not able to obtain a sufficient number of qualified gentlemen to provide for any vacancies which may happen within the coming year, and consequently another Board will be convened in the spring. Candidates desirous of appearing, should make application to the Secretary of War at Washington, and forward to him testimonials in regard to moral character and good standing.—*Maryland and Virginia Medical Journal*.

TRANSLATIONS.—We beg leave to call the attention of our readers to the very admirable Translation in this number, by Dr. W. A. HARRIS, of Baltimore. It contains much useful information, and is well executed in every particular. We are happy to state that this gentleman, as well as several others of equal ability, have promised to translate regularly for this work; and that, in this way, we shall be able to present valuable papers to the public, not only from French, but also from German and Spanish periodicals.

DISTURBANCE IN NEW YORK.—A grand row has recently come off in New York, between Dr. DRAPER, of the University, on the one side, and Dr. AYLETTE, and his private class, on the other. It seems that the Professor addressed a letter to the Doctor, in which certain charges were made against his integrity, rather by implication than by directly charging him with dishonesty, and that the students of the latter, regarding it as a direct insult to their preceptor, attempted to resent the indignity by calling a public meeting, passing sundry resolutions, and declaring their determination to leave the city. This led to a counter meeting among the students of the University, in which the conduct of Dr. Draper was fully endorsed, and the conduct of Dr. Aylette's friends severely criticised. Thus was a regular state of war inaugurated between the opposing parties, which, for a time, threatened something serious: but, up to the last accounts, many students had left the city, and matters presented a more peaceful aspect. We have nothing to say as to the merits of the controversy, and simply desire to record the facts of the case without note or comment.

FAVORS.—We are under obligations to Messrs. Lindsay and Blakiston, of Philadelphia, for "the Physicians' Visiting List, Diary, and Book of Engagements for 1861," and "The Pocket Anatomist for Students," by M. W. Hilles. The first named is the most complete thing of
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the kind that has ever been published, and the latter is a valuable compendium of all the most important facts, &c., of Anatomy. The publishers will please accept our thanks for these favors.

EXTRACTION OF CATARACT.—M. Schuft, of Berlin, has recently published a *brochure* upon this subject, the details of which we give below :

Linear Extraction, with Curettes, after the preliminary ablation of a small portion of the Iris, was first proposed and performed by Graefe ; and M. Schuft has undertaken to render this operation more easy of accomplishment and generally applicable, by modifying the shape of the instrument.

The objects sought to be accomplished are, first, to avoid wounding the Iris whilst the opaque lens is passing through the pupil ; secondly, to diminish the chances of the loss of vitreous humor ; and, finally, when the linear incision of the cornea has been made, to obviate such inconveniences as usually associate themselves with the cut edges of that membrane.

The Curettes of Schuft differ from those of Daveil, especially in the following particulars, viz.: they are wider, and more raised at their free extremity, while their edges are thinner and more concave. The Curette is not attached to a stem of the same size with itself, but on the contrary, is supported by a very small handle, which can be manipulated without rendering the wound of the cornea too painful.

The operation may be divided into the following processes : (1.) The patient being placed upon his back, and his lids being separated by the fingers of an assistant, the operator fixes the globe of the eye, and makes a linear incision of the cornea, immediately within its external border, by means of a lanced shaped knife, which he inserts parallel to the Iris. The incision, which is necessarily enlarged when the knife is withdrawn, should be about 6 millimetres in length.

(2.) With a minutely dentated forceps introduced close through the wound of the cornea, the edges of the pupil are seized, drawn outwards, and the part of the Iris, thus extruded, is cut off.

(3.) The Capsule is opened transversely by means of a crochet.

(4.) The Curette is introduced through the wound of the cornea, and carried directly towards the centre of the ocular globe until its free extremity has cleared the equator of the crystalline lens which protrudes forward, then the handle which supports the curette is carried slightly backwards, at the same time that the curette itself is advanced, until its centre is seen behind the posterior wall of the crystalline. Now a lever-like movement is impressed on the curette by which it is pressed forward into the anterior chamber: this movement should be made principally in the direction of the wound of the cornea, so as to withdraw slightly the instrument, and to avoid the internal border of the pupil.

By these means the edges of the curette have to penetrate the nucleus of the cataract, which then may be drawn out by making it glide along carefully the posterior face of the cornea. When the cataract is very large, and very hard, it is well to fix it more firmly in the curette by pressing it against the posterior face of the cornea.

After having extracted the lens, gentle frictions are made upon the ocular globe by means of the eyelids, so as to detach and to bring within the field of the pupil the remaining portions of the cataract, which are then withdrawn by a curette of the proper size.—*Archives. Genl.*

OVARIOTOMY.—Dr. WASHINGTON ATLEE, of Philadelphia, has just performed this operation upon a lady of this city. The subject was Mrs. —, of Lombard street, aged 33, a patient of our learned townsman Dr. Kiedel. An incision of about three inches was made in the Linea Alba, below the umbilicus, the sac punctured, and, after the careful

rupture of some Omental Adhesions, the pedicle was found, secured by a clamp, and cut on the distal side with a bistoury. The edges of the wound were then brought together by passing the ordinary hair-lip pins through them, and these secured with ligatures in the usual figure of 8 manner; whilst the pedicle was fixed on the outside of the peritoneal cavity, by means of the clamp which had been applied at right angles to the incision. The Cyst was unilocular, contained twenty-five pints of a dark mahogany colored fluid, which, on examination, was found to be composed chiefly of albumen, and was attached by a large, vascular pedicle to the right Broad Ligament. The operation was performed with great skill and elegance, and occupied twenty-three minutes in all, including the dressing of the external wound, the drawing off of the liquid, and the removal of the patient from the table to the bed. The following gentlemen were present, and assisted in the operation: Drs. Van Bibber, Doyle, Fleming, O'Donnell, Piek, Keidel, Dunbar and Warren; and Messrs Piek and Trautman, medical students. Dr. Hintze, who had been the consulting physician in the case, and through whose courtesy and kindness we were enabled to witness the operation, was prevented by severe indisposition from being present, much to the regret of all parties.

Items, &c.

Dr. JOHN WATSON delivered the Anniversary Discourse before the New York Academy of Medicine, on November 7th, 1860. His subject was "The True Physician," and the discourse is said to have been an admirable one.

M. BARTEZ, physician to the Eugenie Hospital, sent to the Society of Surgery, recently, an enormous Ovarian Tumor, taken from a child, only eleven years of age. Its weight was nineteen pounds, and it resembles those usually found in adults.

M. THIERCELIN presented a paper to the French Academy on the 12th of November last, giving his experience with Woorara in the treatment

of Epilepsy. He reports two cases of several years' duration which were greatly benefitted by the use of this agent.) X

ANDRAL has retired, temporarily, from the School of Medicine at Paris.

PHOSPHORNECROSIS has become prevalent among the makers of lucifer matches in France. The Academy, at the solicitation of the Government, recommends, as a means of prevention, that matches be made of pure Amorphous Phosphorous.) X

Dr. BOWLING, of Nashville, boldly charges Dr. BEDFORD, of the New York University, with having consulted with Robert Hunter, the notorious quack. He affirms that he can prove the fact by the Med. Soc. of Paris.

The Committee appointed to consider the efficacy of Catheterism of the Larynx in Diphtheria, have made an adverse report.

The Pennsylvania State Medical Society and Philadelphia County Society have passed a resolution, prohibiting their members from consulting with Female Physicians.

Twenty-four young Egyptians went some time since to the University of Munich to study medicine, but they behaved so badly that they were sent home by order of the Government.

The liquids consumed in London, besides water, amount to nearly a thousand million tumblers of Ale and Porter.

As the result of many experiments performed on Rabbits and Dogs, Dr. Kurzak comes to the conclusion that Tannin, properly administered, is the best antidote in poisoning by strychnia.

The *Nashville Journal* says, that Dr. Hubbard, in noticing a case reported in the *Boston Journal*, in which the twins weighed at birth 17 pounds and 15 ounces, mentions a case in his own practice in which the twins weighed 18½ pounds—the boy 8½ pounds, and the girl 10 pounds. In this instance both children presented by the head, and in the first position.

RICORD has retired from the Hôpital du Midi, having reached the age of sixty years. No surgeon is permitted to serve after having reached that period of his life.

Cholera seems to have taken up its residence in Spain, having appeared regularly there since 1854.

The *Lancet* says that the system of *special practice*, now so much in vogue, existed among the ancient Egyptians, according to the testimony of Herodotus.

Dr. B. F. BAKER recently performed the Cæsarean Operation at Bellevue Hospital, on account of a contracted pelvis in the patient. The child was saved, but the mother died on the fifth day after the operation.

When Leech Bites do not stop bleeding within a reasonable time, a few coatings of collodion will be found advantageous.

Speaking of the German Hospitals, Dr. GRATZER says: "In the Hospitals of Dresden, Prague, Berlin, and Vienna, the mortality is 1 in 8; in Breslau, 1 in 9; in Dantzic and Hamburg, 1 in 12; in Cologne and Königsberg, 1 in 13; and, lowest of all, in Munich Hospital, 1 in 21.

The Circular Amputation is, to a great extent, superseding the ordinary Flap Operation in England. It is now mostly employed by the surgeons at St. George's Hospital, and is preferred at several other of the largest institutions.

From a paper read before the Academy of Sciences, Paris, by M. CORENWINDER, we gather that young plants give ashes rich in phosphoric acid; but after maturity, the grain, or fruit stalks and leaves, contain but a small portion. Marine plants, also, growing on rocks, contain much phosphate.

The Abbé MOIGNE recommends chemists to ascertain at once whether or not carbon is soluble in carbonic acid as sulphur is soluble in sulphide of carbon. A German philosopher has said that it is, and is occupying himself with the search for diamonds in that direction.

Therapeutical Gleanings.

INDIGESTION.—In a paper recently read before the Academy of Medicine by M. Gumain, says the *Gazette Hebdomadaire*, it is stated that remarkable success had attended the administration of arsenious acid in Chronic Dyspepsia. He gives 1-70 of a grain per diem in the form of a pill.

DELIRIUM TREMENS.—The jail physician of Chicago has administered Ipecacuanha with great success in this affection. He gives it first as an emetic, and subsequently from 15 to 18 grains each day. Shower baths and beef tea are also used, but no stimulants.

EPILEPSY.—Hydrocyanate of Iron is now employed with much advantage in this troublesome affection both in Europe and this country. The following is the formula recommended by Dr. McGugin, of Keokuk:

R Hydrocyanate of Iron ʒj.
Powdered Valerian ʒij.
Extract of Indian Hemp ʒj.

M. 120 pills.

S. One three times daily, gradually increased to four.

ECZEMA.—M. Guillot recommends the following ointment: Lard, 20 parts; subcarbonate of soda, oil of cade, tar, each from two to four parts.

DIPHTHERIA.—M. Blanc, of Strasburg, states that he has scarcely ever failed in curing Diphtheria by means of cold water gargarisms repeated twenty or thirty times in the hour. Another recommends small pieces of ice to be kept constantly in the mouth, and continuing even into convalescence.

SLEEPLESSNESS.—The following formula is recommended in the *Moniteur*, No. 97:

R Assafoetida ʒj.
Sulphate of Morphia gr. iii.

M. 30 pills.

S. One or two at bedtime.

From two to four of these pills daily are of great use in relieving the dry cough, to which nervous women with irregular menstruation are liable.

BAD BREATH.—The following mixture is recommended for this disagreeable affection, which so often arises from slight stomach disorder:

R Chlorate of Potash ʒii.
Sweetened Water f. ʒiv.

M. S. A teaspoonful three hours after breakfast, and the mouth to be occasionally washed with it.

PHTHISIS.—Dr. E. J. Fountain contends that oxygen is needed in cases of Phthisis to counteract the influences resulting from imperfect aeration of the blood. He lays down the following propositions: (1.) Chlorate of Potassa can be exhibited in large doses every day for a long period without injury. (2.) It assists the respiratory function by supplying the blood with oxygen. (3.) It acts as a natural tonic, alterative and depurant, by increasing the supply of that element which is the chief agent in the chemical processes of the human system.

PUERPERAL MANIA.—Dr. John L. Atlee treats this disease with *Veratrum Viride*, using five drops of the saturated tincture every three hours until nausea, vomiting, or prostration is produced. He says that the pulse is invariably reduced, and the symptoms disappear.

CANCER.—According to M. Delreyne, (*Revu. Médic*) soot, in the form of ointment (lard, or glycerine, and soot, of each sixty parts, extract of belladonna eight parts) or lotion is the best and most efficacious local application for open cancer.

DISEASES OF THE HEART.—In cases of Rheumatic Endocarditis, hydrocardia, and neurosis of the heart, M. Fauconneh finds the Sulphide of Antimony a most valuable agent. The medicine must be freely used and persisted in for several months.

INTERMITTENT FEVER.—M. de Roseville, (*Gaz. des Hop.*) states that

he has used the aquaso-alcoholic extract of olive leaves, in several cases of obstinate intermittent fever, and also of facial and frontal neuralgia, with very satisfactory results. He proscribes about one gramme in the form of pills, divided into three doses, and repeats the dose if the case demands it.

AFFECTIONS OF THE FEMALE BREAST.—For abrasions of the nipple, M. Legroux recommends the following:

R Cerat. Alb. ℥ij.
Ol. Amyg. Dule ℥j.
Mel. Desputum ℥ss.

M. Dissolve with gentle heat, and add
Bals. Canad. ℥ijss.

Apply each time of nursing. For ulcerarions he advises:

R Sodæ Subborat ℥ss.
Glycerin ℥ij.
Aq. Rosar. f. ℥jss.

M. Use as a wash to the part. Also:

R Sodæ Subborat ℥ij.
Cretæ Præp. ℥
Spt. Vini.
Aq. Rosar ā ā f ℥ijj.

Mix and dissolve. This may be used when the ulcer becomes indolent.

MENORRHAGIA.—Dr. Morris (*Lancet*, Nov. 1860) recommends very strongly the use of Gallic acid in five grain doses three times a day.

PUERPERAL FEVER.—Dr. Mackenzie has employed creosote of the strength of mviij to xii., to the pint of mucilage as a vaginal injection in that form of Puerperal Fever which originates from the absorption of morbid secretions, &c.

DYSENTERY.—Dr. Jackson, in the *Boston Journal*, recommends the following formula for dysentery:

R Glauber Salts ℥j.
Water f ℥ijj.
Nitric Acid
Muriatic Acid ā ā f ℥i.
Alum ℥ss.

M. S. A large tablespoonful occasionally.

HOOPING COUGH.—Dr. Benson, in the *Louisville Journal*, advises the following for Hooping Cough:

R Acid Hydrocyan gtt. vj.
Ext. Belladonna grs. ij.
Tinct. Opii. Camph. ℥ijj.
Syr. Bals. Tolu ℥j.
Ag. Font. ℥ijj.

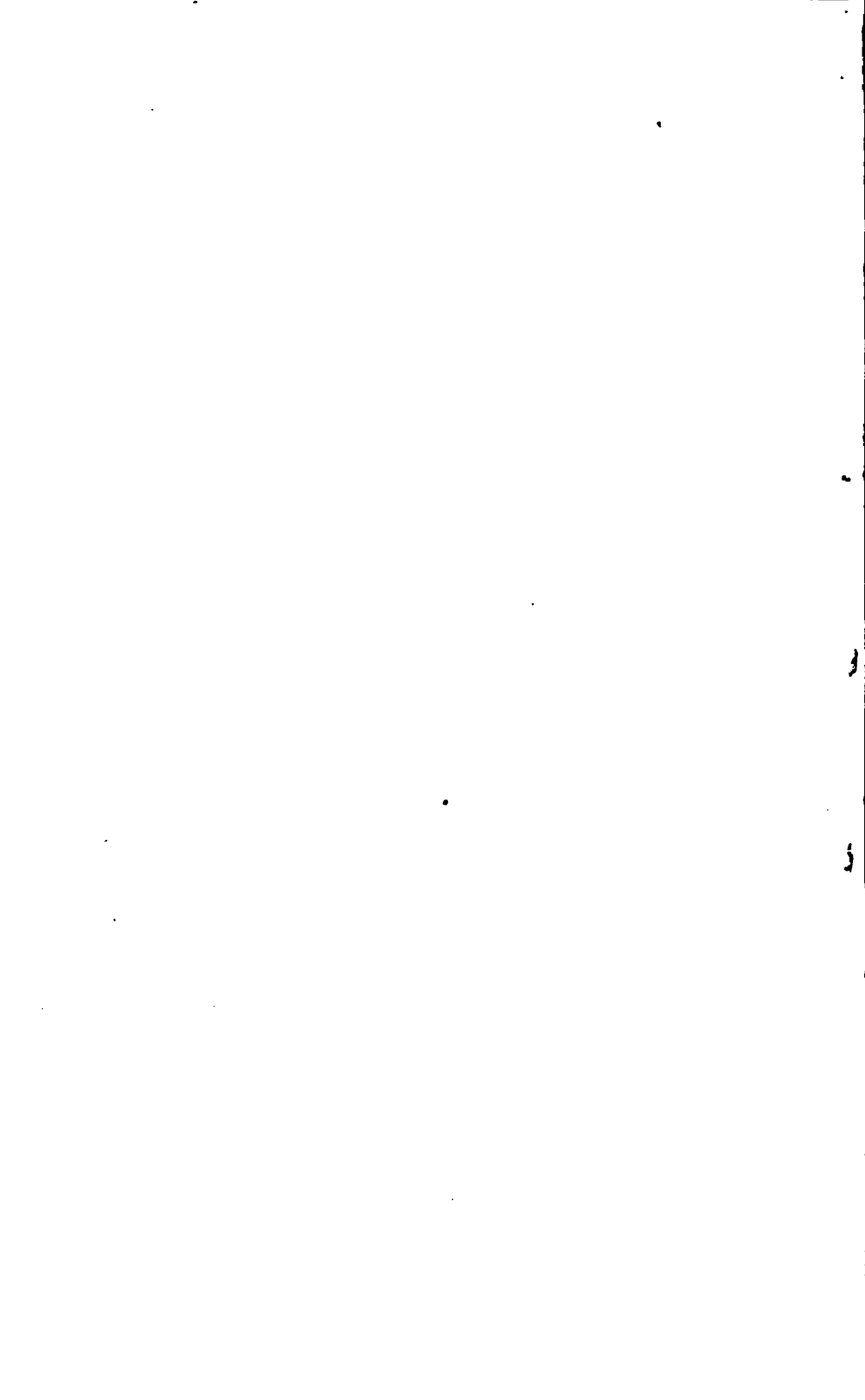
Mix. S. One teaspoonful four times daily, and also in the nightly paroxysms.

ERRATA.

In consequence of the absence of the Editor from the city while the foregoing pages were passing through the press, many errors have crept into the JOURNAL, the most prominent of which are the following :

Page 10, line 3 from top, for *Cannalated* read *Canulated*.

- | | | | | | |
|-------|------|-----|-----|-----|--|
| " 16, | " 4 | " " | " " | " " | <i>Hipocratie</i> " <i>Hippocratic</i> . |
| " " | " 13 | " " | " " | " " | <i>Bronsais</i> read <i>Broussais</i> . |
| " 24, | " 4 | " " | " " | " " | 1433 read 1493. |
| " 29, | " 23 | " " | " " | " " | <i>Arachnoideal</i> read <i>Arachnoidean</i> . |
| " 32, | " 18 | " " | " " | " " | <i>Schillæ</i> read <i>Scillæ</i> . |
| " 51, | " 17 | " " | " " | " " | <i>both</i> read <i>but</i> . |
| " " | " 26 | " " | " " | " " | <i>devote</i> read <i>devoted</i> . |
| " 52, | " 30 | " " | " " | " " | <i>Malphigi</i> read <i>Malpighi</i> . |
| " 54, | " 25 | " " | " " | " " | <i>or</i> read <i>à</i> . |
| " 56, | " 3 | " " | " " | " " | <i>after hand</i> insert <i>to be</i> . |
| " " | " 21 | " " | " " | " " | <i>contrated</i> read <i>controlled</i> . |
| " " | " 22 | " " | " " | " " | <i>after power</i> omit <i>all manifestations of power</i> . |
| " 58, | " 31 | " " | " " | " " | <i>after pathological</i> insert <i>cell</i> . |
| " 65, | " 2 | " " | " " | " " | <i>for moribific</i> read <i>morbific</i> . |
| " " | " 16 | " " | " " | " " | <i>Virchon</i> read <i>Virchow</i> . |
| " 89, | " 19 | " " | " " | " " | <i>Lachrimal</i> read <i>Lachrymal</i> . |
| " 98, | " 31 | " " | " " | " " | <i>Cormick</i> read <i>Cornick</i> . |



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EDWARD WARREN, M. D.,

January, 1861.

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THE BALTIMORE JOURNAL OF MEDICINE.

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MARCH, 1861.

No. 2.

Original Communications.

ARTICLE I.—VENEREAL DISEASES—THE SYPHILITIC VIRUS—
Specific, Identical and Uniform in its Nature. BY WM.
POWER, M. D., late of Baltimore, Md.

GENTLEMEN:—In our last lecture we took a general survey of venereal diseases—divided them into two great classes, the simple and virulent venereal—drew the broad line of distinction which separates them, and defined the distinctive characters of each. We then took a hasty survey of the history of these disorders, and attempted to prove, that while the simple form, from the very nature of things, must have existed from all antiquity, the virulent or real syphilis is comparatively a new disease, dating only from the fifteenth century—at least that it was only at this period it assumed the definite character of contagiousness, by which it has ever since been distinguished, and acquired the deadly privilege of infecting the general system, and of producing secondary symptoms. To-day we propose to occupy you with some remarks upon the nature of the syphilitic virus, and endeavor to prove that it is truly a specific morbid poison, differing from all known diseases in its

Vol. I., No. II—15.

cause, its march, and its effects—not obeying the ordinary laws of inflammation, nor explicable by them, and that moreover it is identical and uniform, produced by, and giving rise in all cases to a disease similar to itself when applied under favorable circumstances. These remarks may appear superfluous in a course of lectures intended to be strictly practical, but there are two very opposite errors into which practitioners of the present day are apt to fall. One class regard all diseases of the genital organs following coition as owing their origin to a specific virus. The other deny the existence in toto of any such virus, and explain all the phenomena of venereal diseases by the laws of simple, and sympathetic irritation. A short inquiry into the arguments, and views of each will, therefore, be necessary, in order to establish the distinction we have already laid down, between simple and virulent venereal. What we are now about to say has reference only to virulent venereal or syphilis.

For a long period after the appearance of syphilis there was but one opinion upon the subject. Catamo, who wrote in Italy some fifteen years after the inception of the disease, regarded it as specific in its nature, and was followed in this opinion by Fernellius Paracelsus, Fracastor Astruc, and a crowd of others, including Sydenham, Hunter, Surdiour, &c. Some of the disciples of Broussais' physiological doctrine in France, particularly, M. Dessuelles, opposed this manner of viewing the question, and insisted that the simplest sores caused by any mechanical violence, on the genital organs, if irritated and rendered obstinate, produce sympathetic eruptions of the skin and throat, not to be discriminated by any skill from the ordinary secondary symptoms of syphilis. As mercury, from the time of Paracelsus, had been regarded as a specific in these diseases, and as Hunter, whose views were adopted and revered more than those of any other author, not only looked upon this metal as a specific, but went so far as to say that no syphilitic disease could be cured without it, and the remedy was in itself a test of the existence of the dis-

case, the first step to be taken in order to prove the new doctrine, was to show that the disease was really susceptible of cure without the use of mercury. This the French school soon proved; and the English army surgeons, with Mr. Gurthrie at their head, experimented upon the anti-mercurial form of treatment with the most satisfactory results, proving incontestably, that there was no form of primary sore which could not be healed without the use of this remedy, and some going still further and asserting that it was never necessary, but positively injurious in every case, as retarding the cure of the primary symptoms, and increasing the probabilities of a general infection.

A specific virus, or morbid poison, has no qualities appreciable to our senses, nor which can be determined by any physical appearances, or chemical regents. It must be judged of by strictly vital laws, and we can only appeal to its appearances in the form of diseased action produced by it, to prove its existence. The general property, characteristic of all kinds of virus, is their power of producing, under certain favorable conditions, effects, which though they may vary somewhat in appearance, or intensity, under the influence of general or particular causes, are, nevertheless, subject to certain laws of development, which distinguish them from all other diseases, whether produced or not by other morbid poisons. Such, for instance, is notably the case with regard to the syphilitic virus. It can only be produced by a disease similar to itself, and is capable of propagating itself to an unlimited extent. It alone, of all diseases, has the peculiar property of so infecting the general system, that, after a longer or shorter period of time, a new set of symptoms develop themselves, owning no other cause than syphilis as their antecedent. This latter feature puzzled, for a long time, the French physiological school, and they made some vain efforts to prove, that sores of the genitals arising from simple mechanical causes, were sometimes followed by ulcers of the throat, eruptions of the skin, enlargements of the shafts of the long bones, &c. But the few cases they relate in support of this hypothesis are so meagre in detail, so unsatisfactory in the

description, and so unsupported by the general experience of the profession that they are entitled to no confidence, and indeed have received but little.

The other argument against the specific nature of the virus, was derived solely from the weakness of the argument used by the ultra-ists, comprising the great bulk of the profession who adopted the contrary opinion. These held that syphilis in all its forms was a specific disease, and mercury a specific remedy, and that there were certain diseases of the genital organs resembling so strongly syphilitic sores in their characters and appearance that it was almost impossible to distinguish them by simple inspection. These were called pseudo-syphilitic diseases by Mr. Abernethy, a name since generally adopted, and their getting well without mercury was considered a test of their non-venereal nature. Mr. Hunter fell into this error, and contributed, perhaps, more than any other individual to its general diffusion. Experiments, both in France, Germany, and England, soon proved the futility of this doctrine, and it was triumphantly urged by the new school against the old, as refuting the idea of a specific cause. This is, however, pushing the argument too far. It only proves that mercury is not absolutely necessary to a cure, without invalidating at all the views previously held with regard to the nature of the disease. We have many other specific diseases, as variola, rubeola, scarlatina, &c., and for none of these do we profess a specific remedy at all. Even in itch, sulphur is not absolutely necessary to a cure, though a much more certain and speedy means than any other hitherto discovered—and it would seem by late investigations that sulphur can hardly be looked upon as remedying in this case a diseased action, but that it really produces its beneficial effects, not by acting in accordance with vital laws, but by exerting its noxious influence on certain insects, the irritation of whose presence produces the vesicles.

Having thus proved the specific nature of the syphilitic virus, we shall go on to show, in the next place, that it is identical and uniform. Many very estimable authors,

struck with the dissimilarity in the march and appearance of some primary and secondary symptoms, have supposed that there were several distinct forms of disease, each proceeding from a separate virus, going through a development peculiarly its own—each giving rise in preference to a particular kind of secondary eruption, and requiring a particular kind of treatment. Hunter seems to have been the first who hinted this notion—Surdiour, Adams, Abernethy, Evans, and still more lately Carmichael, have adopted and extended this doctrine. The arguments which have chiefly been used in support of this view are: First, that some of the diseases following coition require mercury for their cure, while others do not; that similar diseases require a similar treatment; and that as some forms of venereal ulcerations are absolutely injured by the use of mercurial preparations, they cannot be similar in their cause or nature, to those for which this remedy is a specific. We have already said enough to prove the fallacy of this view in showing that all forms of syphilitic sores get well without the use of mercury, and only reproduce the argument here to show how an erroneous idea, advocated by a clever man, once gaining a hold on the minds of the profession, pervades all doctrines upon this subject, leading into error after error, and influences practice often in a pernicious manner. This is a mere theoretical view, and one would suppose, of but little importance *per se*; yet we find it brought forward in every instance to oppose the more enlightened and correct doctrines which a closer study of facts have elicited. Nothing in medicine has so much retarded the march of the science, as the undue influence of authority. Error, protected by some great name, has constantly led the student astray; and you are particularly fortunate in having nature, not books, for your guide. Trust to her and to your own senses in every case—believe nothing that she contradicts. Medicine is a science of observation, indeed it consists entirely in proper observation. Make use, therefore, of the opportunities which you have now at command, and which never can at any future time be equalled. Weigh well what is said to you; weigh well

what you read, but adopt it only in proportion as it coincides with what the great book of unvarying nature is here daily displaying to the eyes of him who is willing and able to read.

A second argument is—that historical evidence demonstrates, that certain forms of venereal disease existed from the earliest ages, and that to these was added a new and peculiar disease, after the discovery of America by Columbus. If our views of the origin of syphilis, as advanced in a previous lecture, be correct, this argument is satisfactorily answered. We think we have proved that the syphilitic disease did not come from America or any other quarter, but that it arose spontaneously in Italy in the year 1493, presenting an array of symptoms that, until that period, were never recognized as belonging to any other disease. We have every reason to believe that anterior to this period there were contagious diseases of the genital organs, which sometimes were exceedingly troublesome and severe, that these, owing to various causes, were becoming more and more common and violent up to the period of which we speak; but we have no proof in any writer that I know or have heard of, that these affections were any thing more than local ones. The first accounts of general infection date only from this time, and this indeed seems, in many cases, to have been the first and only way in which the disease manifested itself. To the present day, this power of producing secondary symptoms is the most striking characteristic of virulent venereal; no simple venereal disease possesses it, and though these secondary symptoms do not necessarily always follow the primary symptoms, still they must be looked upon as pathognomic of the affection.

A third argument brought forward to support this view, is—that the symptoms of all diseases which are caused by morbid poisons, are regulated by laws so fixed or determined, that they are always uniform in their appearance and progress; but that the diseases which follow impure coition, exhibit the most dissimilar characters, and must, therefore, arise from the action of dissimilar poisons.

This argument is valid if applied to the entire class of venereal diseases *en-masse*, for there are some which are really contagious and capable of being propagated by impure connexion to an unlimited extent, and yet which are neither owing to, nor produced by the syphilitic virus. Here it is necessary to keep in mind, the distinction we have drawn between simple and virulent venereal, and to recollect that we are now engaged entirely with the investigation of this latter form, or in other words of true syphilis. The varieties in the physical appearances and march of primary sores are indeed great, as are also those of many of the secondary affections. But it does not follow because one class of diseases produced by the effects of a morbid poison pursues an exact and predetermined course, another disease produced by another morbid poison is bound to be equally strict in its mode of development. All that is required is, that a disease should develop itself and follow a course in accordance with its own laws; and we shall fully prove in the course of these lectures, that, notwithstanding in some cases, certain symptoms and appearances may exist, and in others be wanting, still there are certain results, which follow no other cause, than an infection with the syphilitic virus, and that if secondary symptoms differ in two individuals, it by no means follows that the primary sores were not alike in appearance and owing to the same cause. Hence, though the primary symptoms may differ in two cases, the secondary may be absolutely identical, as some peculiarity of constitution or other accident, is always sufficient to account for the difference. Again, there is no other one of the specific diseases, which is in fact much more regular and uniform in its development and march, than syphilis in its primary symptoms. Even take the vaccine virus, which is perhaps the most regular of all, with which we are most thoroughly acquainted—or which you all at least have had frequent opportunities of observing—and we shall find that its effects are not more uniform, but are subjected to variations as true, and as obvious as chancre. Instead of being vesicular, it is sometimes pustular and again only erythema-

tous, and frequently phlegmonoid or gangrenous. Instead of consisting of many cells, it is sometimes formed with only one; and so far from presenting a regularly rounded form, it is angular and jagged. The areola is sometimes wanting—sometimes appears prematurely—sometimes is diffused and of a livid color, instead of appearing on the ninth day, being of a bright red color and circumscribed. The scab, in some instances, is never perfectly formed but falls off too soon, and instead of leaving a circular, well defined cicatrix, leaves one which is neither permanent, rounded nor indented; all these varieties and others, being influenced by the constitutional state or predisposition of the individual. If we take variola as a model of a specific disease, we shall find still more striking variations from any fixed law of development. One not acquainted with the proofs would scarcely believe the milder forms of varioloid, and the frightful confluent small-pox to be forms of one and the same disease, mutually convertible into one another, by certain hygienic and constitutional differences in the individual attacked; and there is an analogy, moreover, in the number and variety of secondary or sympathetic conditions between any two cases of small-pox and any two of syphilis.

The principal remaining argument is, that different forms of primary sores give rise to different forms of secondary eruptions, and that any particular form of sore is prone to propagate itself in kind. Mr. Carmichael's treatise was written especially with a view to prove this doctrine, but to an attentive reader it contains its own refutation, so conflicting are his facts, and so many are the exceptions, according to his own admission. Even if the daily observation of nature did not show us that the most diverse forms of primary chancres, produced in many cases, similar general symptoms; and that, on the other hand, two individuals being affected with the most regular and simple primary sores precisely alike in all their physical characters, one may have, as a constitutional effect, a simple papular syphilide, the other sloughing ulcers of the throat, and a pustular eruption. As to the doctrine, that

any particular form of sore is prone to propagate itself in kind, this is so disproved by universal experience, that most writers affirm that a gonorrhœa may give rise in one individual to a chancre, in another to a gonorrhœa, and in a third to both diseases combined. This is the opinion of Hunter, Adams, Abernethy, Wallis, and others, but it is granting more than is necessary to refute the argument. We shall endeavour to show in the course of these lectures, that the *cause of gonorrhœa and chancre are essentially distinct*, in other words, that gonorrhœa is not a syphilitic disease, and that in those instances where it has been supposed that secondary symptoms arose from gonorrhœa, they were in reality *caused by the coincident presence of chancre*. And we shall show that syphilis arises only from syphilis, from a single uniform virus capable of being transmitted in kind, either by infection or inoculation; that the sore thus produced may vary in appearance according to its seat, individual constitutional peculiarities, external irritants, or accompanying accidental phlogosis; and that whatever its form it is still a chancre, and under favorable circumstances will give rise only to a chancre in a second individual.

But, gentlemen, there is another class of facts of which I am now about to speak, which affords in itself the most satisfactory answer to each of the arguments we have been discussing, and which we shall find, will throw new light upon many other obscure points in the history of venereal diseases in every future step of our investigations. I allude to inoculation, and the proofs furnished by it of the nature of the disease. From time to time accidental facts, or experiments, occasionally and badly performed, had afforded hints or served as bases for the support of certain doctrines, but were never sufficiently followed up, or were so inadequately performed that but little benefit to our knowledge accrued from them. Of late years the knowledge derivable from this source has, little by little, been accumulating and shaping itself into something like a definite form. Hunter, Wallace, Bell, Percy, Calderon and Cullerier, all experimented upon inoculation with the products

of the different venereal affections, but their experiments, though in the main satisfactory, were not conducted upon a sufficiently enlarged scale, nor were the circumstances under which they were performed sufficiently precised, to clear up obscure and mooted points, or to serve as satisfactory and incontestable bases for an enlightened and scientific doctrine of the disease. It was reserved for M. Ricord, surgeon of the venereal hospital in Paris—by birth an American, and a native of this city—to devise and execute a series of critical and experimental researches on inoculation as applied to the study of venereal diseases, which from their copiousness, and the definite nature of the results flowing from them, leave nothing further to be desired. These experiments have done more to establish the pathology of venereal diseases, their mutual relations and differences, than all that previous writers have said upon this subject.

The experiments of M. Ricord were carried on during a period of several years, and on some thousands of individuals—and having myself been an attendant on his clinical visits during some months, and consequently an eye witness to some of the results which he has announced, and having, moreover, repeated myself his experiments in many instances, it is with the confidence based upon conviction, that I lay their results before you in the doctrines contained in the following lectures, satisfied that your future experience will only serve to confirm its truth, and that it will afford you a sound and satisfactory basis for your practice in these cases. In this as in all other cases, clear views of the pathology and nature of a disease, are of the utmost value to a practitioner. Upon this depends mainly his success in the treatment; whilst it constitutes the difference between him and the mere empiric, who bungling on, resembles a blind man armed with a club—interfering between nature and the disease, and in his intemperate zeal inflicts a deadly blow sometimes upon one, sometimes upon the other. Inoculation in the hands of many experimenters failed to produce certain, and sometimes any appreciable result; this arose from a want of knowledge of the pro-

per conditions, under which it should be performed. Some writers even maintained that the contagiousness of syphilis was under the control of a special irritability, since it could only be communicated by vital contact, and that friction, heat, and a certain predisposition in the part—all of which being present in the highest degree in the intercourse of the sexes—were necessary to infection. Hence they argued, that the pus of sores was not *per se* virulent, that it did not contain the poison, but that this latter was contained in a peculiar vital mode, which, under the influence of certain vital actions, was communicated from one individual to another. How false and sophistical all this reasoning is, we shall see, as we proceed, and yet it is absolutely necessary to explain facts to those who do not believe in the inoculability of syphilitic virus.

The experiments of M. Ricord triumphantly and satisfactorily prove, that there is but one venereal virus; that this virus is capable, under given conditions, of being propagated by inoculation or vital contact, indefinitely; that whatever may be the form of sore from which the pus for the experiment is taken, it will give rise to a chancre, the form and characters of which will vary according to the tissue affected, or the constitutional predisposition of the subject experimented upon; that this sore, whatever its form, is capable of giving rise to other and new chancres; that a virulent bubo, caused by a chancre, affords pus likewise inoculable—he therefore considers a bubo from absorption, a glandular chancre, and looks upon it as a primary symptom; that the matter of a gonorrhœa never gives rise, by inoculation, to chancre, unless there should be at the same time a chancre situated within the canal of the urethra, and then it is the pus arising from this latter, which is the source of infection; that the primary symptoms alone of syphilis are inoculable, all experiments made from that taken from secondary appearances having failed to produce any result; and that in order that the matter from a syphilitic sore should be inoculable, it is absolutely necessary, that it be taken during its period of ulceration, for so soon as the process

of reparation has commenced it loses its virulent quality and possesses no other properties than those arising from any other simple sore.

You perceive, gentlemen, the importance of these researches in establishing the identical and uniform nature of the syphilitic virus. They prove, moreover, the specific nature of the disease, and afford us a satisfactory means of distinguishing for ourselves in cases of doubt between true syphilis and diseases similar only in appearance—of drawing a distinct and well marked line between the accidents of a primitive affection, and those which are owing to general poisoning—and in a hygienic or medico-legal point of view, may serve many important ends. We shall revert again in the course of our remarks, to this subject of inoculation, and give it greater development in connexion with particular symptoms and appearances. What we have now said may suffice for the present understanding of the subject, for going into further details would necessitate an anticipation of many facts, which will be best understood in their proper place and connexion. We have now said enough to prove the existence of a syphilitic virus, its specific and identical nature, and in our next lecture will go on to speak of the symptoms produced by its application to the human body, or in other words of primary syphilis.

MORRISVILLE, WAKE COUNTY, N. C.,

January 25th, 1861.

To the Editor of Baltimore Journal of Medicine :

DEAR SIR—I send you a “Prescription” which I think is peculiar to myself, as I have never seen it recommended in any “book” or by any “author.” It is a prescription for the treatment—and I hope, too—the cure of “Consumption,” “Bronchitis,” or any affection of the “Air” passages. I will first give you the “*Recipe*” for the “Tincture”:

R Alcoholic Extract-Cannabis Indica, two ounces.
Aetheris Sulphuricum, one pint.

Mix, and you have a beautiful "Tincture." Then take of the above Tincture—

R Ethereal Tinc. Cannabis Indica, half pint.
Extract Liquorice, half pound.
Potassæ Carbonas Purus, half pound.
Warm Water, one gallon.

Mix. Dose, one tablespoonful three times a day, gradually increased to two tablespoonsful. If the disease be in its incipient stage, a plunge cold bath should be resorted to; and if of long standing, sponging the chest with warm water every morning will tend greatly to effect a cure. At the same time the patient should take moderate exercise in the open but clear and pure air. I have found one ounce of the above mixture; one ounce of Muriat: Tinct. Iron; one ounce Tinct. Cantharides, mixed, and given in teaspoonful doses three times a day, to be one of the best prescriptions for Leucorrhœa, Hysteria, Seminal Weakness, or almost any disease of a similar character. I hope you will give the above prescriptions (if you have never seen them) a fair trial, and if they should prove efficacious, please publish the fact to the profession.*

Yours, very truly, &c.,

CHARLES T. HORTON, M. D.

CHLOROFORM IN CONGESTIVE CHILLS.—Dr. H. L. Byrd, in the *Oglethorpe Medical and Surgical Journal*, states that the inhalation of chloroform during the cold stage of a fever, or in a congestive chill, so as to make a decided impression on the system, is one of the best remedies known to the profession.

* NOTE BY THE EDITOR.—We have not had an opportunity of testing the virtues of the above prescription, but gladly publish it according to the request of Dr. Horton, inasmuch as his position in the profession entitles his opinions to all respect and confidence.

ARTICLE III.—ENDEMIC JAUNDICE. By J. F. SHAFFNER, M. D., of Salem, N. C.

Physicians should consider it their duty to record whatever may be rare, irregular or new in their practice, thereby materially advancing the progress of medical science, and rendering important service to mankind in general.

The facts which I now propose to communicate, are of no great importance in themselves; yet, as endemics of Jaundice are said to be of rare occurrence, it may be of some interest to submit such incidents in this regard as have fallen under my observation.

The endemic to which I make allusion, was one of Icterus, and prevailed in this community during the past autumn, making its first appearance about the middle of August, and continuing until the close of the year.

Male and female, white and black suffered alike, though it rarely attacked persons under the age of puberty. In this town, comprising a population of 1200 souls, no less than 125 cases occurred, varying in nature, intensity and duration, from the mildest to the gravest form of the disease.

In many instances, a number of cases occurred in the same household, which induced the occupants to consider the affection contagious.

The absolute endemic character of the complaint, struck me especially as being somewhat remarkable. In some portions of the town, nearly every family numbered some cases, while in others scarcely any occurred. In the immediate surrounding counties few were attacked, and an adjoining town remained entirely exempt. Other counties in this section, however, were visited by the same endemic, and under precisely similar circumstances.

So far as I have been able to learn, all the cases terminated in recovery, though several patients were seriously ill, a typhoid state developing itself as the disease progressed. Others again scarcely left their usual occupations, and after a few appropriate remedies, immediately convalesced.

The duration of an attack was exceedingly various, but generally averaged about fifteen days.

The symptoms consisted of a gradual anorexia, followed by nausea, and frequently by vomiting. In some cases a slight chill ushered in the attack, but generally nothing of the kind was perceptible. The pulse was never accelerated, but if at all abnormal, it was sluggish and depressed. In several instances, I observed it as low as 40. Pain in the epigastrium, right hypochondrium, and right shoulder, extending as low as the elbow, was always complained of at some period of the attack. In the first named situations, this pain was permanent and was increased by pressure; whilst in the latter, it only appeared occasionally. A dull headache, great depression of spirits, and a general languor were invariably present. The tongue was always furred, and a bad, bitter taste existed; whilst the bowels were invariably costive, and when evacuated, the feces proved of a clay-white color. The urine, which had a high color, varying in intensity from a saffron-yellow to a yellow-brown, imparting the characteristic yellow stain to linen, became green and then red on the addition of nitric acid. When a quantity was agitated, a yellow scum formed upon the surface. The characteristic yellowness of the surface, usually appeared about the sixth or seventh day, the conjunctiva being first discolored, and afterwards the entire body. This hue usually remained a long while after the other symptoms had subsided.

Some time elapsed before a successful treatment was discovered. The first few cases, I endeavored to combat with pil. hydrarg. and castor oil, but found such treatment of little avail. I next resorted to large doses of calomel, followed by the *black-draught*, which, though sometimes successful, in the majority of instances failed to give proper relief. Considering now, that the most important and frequent cause of the disease, consisted in disease of the mucous membrane of stomach and duodenum, and that the irritation in these parts produced Jaundice, either indirectly by causing torpor of the liver, or directly by an occlusion of the

choledoch duct, resulting from the thickening and induration of its membrane; I became convinced that an emetic, harsh in its action, would probably relieve hepatic torpidity, and promote the absorption of any effusion by which the bile duct was occluded.

Following up this idea, I now prescribed Tart: Emetic, to be taken in warm solution, until free emesis was produced; and if, in a reasonable time, no alvine defection ensued, to be followed by a purge of calomel and jalap.

This prompt, though harsh treatment proved successful, not only in promptly arresting the further progress of the disease; but in preventing discoloration and other unpleasant symptoms, if in time resorted to. Other physicians who had much experience during this endemic, relied principally upon a similar treatment, and with the same success. The alleged advantages of Quinia, where malaria exists, attracted my attention, but, after giving this invaluable remedy a fair trial, I abandoned its use as a curative agent in this affection. As a tonic, after convalescence became established, it proved more serviceable in my hands.

It is a matter of speculation, what may have produced or caused this endemic. Authors have divided Jaundice under the heads of idiopathic and symptomatic; but this distinction is at the best very obscure, and purely theoretical. It admits of various causes; and is produced in fact by anything which can directly or indirectly obstruct the course of the bile, so that its elements are retained or absorbed into the mass of blood, and conveyed throughout the system by that fluid.

There being so many causes alleged as producing this affection, great difficulty is experienced in connecting or classifying them. For present purposes the following classification will prove more satisfactory: Sympathetic, Malarious, Symptomatic and Mechanical.

We may readily understand a Jaundice produced by sympathy or reflex action. Thus, diseases of the stomach, duodenum, lower bowels, skin, or any important organ may be reflected to the liver, and its appendages, inducing torpor of that viscus as their primary or secondary effect. So likewise as a consequence of mental emotion,

it occurs quite frequently. Great and long continued anxiety, grief, fear—all reflect sympathetically to the abdominal viscera, and perhaps principally to the stomach, duodenum and liver, producing that condition of things from which Icterus results.

It is generally supposed that the mysterious poison, *malaria*, is frequently the parent of it. A remarkable immunity from other diseases has been asserted to prevail when Jaundice occurs in malarious districts.

Dr. Pierson reports, in a late number of the Medical and Surgical Reporter, an epidemic of this kind, occurring in Orange, New Jersey, and attributes its origin entirely to malaria.

Dr. Pollard, of Richmond, reporting similarly in June last, also suggests that malaria may have had something to do with the development of the disease, as most cases appeared near the river, where malarious diseases were of common occurrence.

Jaundice is symptomatic of several other maladies, connecting itself with autumnal diseases of many countries, as Intermittent and Remittent Fevers, and that dread of our southern coast, Yellow Fever, without being the *direct product* of the malarial influence. Intense nausea and vomiting produced by any, and various causes, have also developed Jaundice. Dr. Dickson reports a prevalence of Jaundice in Charleston in the fall and winter months of 1824, during which season that city had been visited with Bilious and Yellow Fever, and convalescents from both of these were almost always affected with Jaundice, when the cold weather set in. So, also, during convalescence from sporadic diseases of summer and autumn, we now and then meet with it in a very decided form.

Mechanically, Jaundice may be produced in many ways. In Autopsies, the gall bladder is frequently found occupied by biliary calculi of different forms, sizes and chemical characters. These in passing through the choledoch-duct into duodenum, not unfrequently obstruct the flow of bile, which being absorbed and diffused into the mass of blood, gives rise to discoloration of the surface and all other concomitant

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symptoms of the disease. Tumors, in surrounding parts, or of the immediate viscera, may so occlude the bile duct so as to produce a similar result. But I think the most frequent mechanical cause is occlusion of the duct by a disease of the mucous membrane of the duodenum, which occlusion may be due to an extension of the inflammation, or merely to a serous infiltration.

The endemic, whose history I have thus attempted to write, was neither malarial, nor symptomatic in its character; and hence I am justified in the conclusion, that it was the joint product of a sympathetic and a mechanical cause. The disease of the stomach and duodenum was evidently reflected upon the liver, inducing in it a condition of torpor; whilst the occlusion of the duct was caused by an extension of the inflammation to it, in the manner above described.

CLINICAL REPORTS FROM THE BALTIMORE INFIRMARY. By T. W. GLOCKER, *Student of Medicine in the University of Maryland.*

SIX CASES OF SCURVY.

On March 1st, 1860, there entered into the Baltimore Infirmary, six negro men, who presented well marked and characteristic symptoms of scurvy.

Upon enquiring into the former history of the patients, they stated that they had been employed for the previous six months on a Guano Island in the Caribbean sea, where they had been exposed, not only to the deprivation of all kinds of fresh food, (which is acknowledged to be the primary cause of scurvy) but, in addition, to the combined influence of much bad weather, and the noxious vapor of the Guano. They were compelled to labor hard, and were denied the pleasure of even a comfortable bed; whilst miserable shanties, or sheds, formed their only habitation, and Guano bags, their cots.

On entering the Infirmary, (then under the charge of our late, lamented and beloved Professor, Dr. Frick) the following symptoms was presented by each of them, viz: hypertrophied, spongy and bleeding gums, bleeding from

the nostrils, and great anæmia; whilst their extremities were rigid and stiff—to such an extent in two of them as to render them perfectly incapable of bending their legs. The mucous membrane of their mouths presented a fungous, or welt-like appearance, which bled upon the slightest irritation, and their breaths had a well marked foetor.

When they first came in, Dr. Frick placed them upon the use of Elixir of Vitriol, and fresh vegetables. On Monday 5th, the use of the Elixir of Vitriol was discontinued, and they were given:

Tinc. Ferri Murias, gtt. xx.

S. Three times a day.

Also, two lemons for each of them were ordered, during the course of a day. March 6th, the patients were all improving, the gums had less tendency to bleed, the extremities were less rigid and their strength improved. Dr. Frick, wishing now to ascertain the value of different modes of treatment, placed them separately upon the following articles:

No. 1, Tinc. Ferri Murias and Cabbages.

No. 2, “ “ “ “ Potatoes.

No. 3, “ “ “ “ Onions.

No. 4, “ “ “ “ Potas. Chloras gr. v, 8 times per day.

No. 5, “ “ “ “ Potas. Bicarb. gr. vii, 8 times per day.

No. 6. “ “ “ “ six Lemons per day.

March 8th, all very much improved, but Nos. 3 and 5 most so. March 9th, Nos. 2 and 6 being much troubled with cough, and copious expectoration, were given:

Morphiæ Sulphas, grj.

Aqua, ℥i.

M. Ft. Solution, S. Teaspoonful every 4 hours.

March 12th, Nos. 2 and 6 entirely relieved of cough and expectoration; but Nos. 4 and 5 not receiving as much benefit from the use of the preparations of Potash as No. 6 from Lemons, it was decided to place them, also, upon this fruit. March 20th, all six cases improving rapidly, but still suffering greatly with pain and stiffness of joints; Nos. 4 and 5 improving much more rapidly since they have been using lemons. April 1st, all the patients perfectly recovered except some stiffness of their joints, which soon disappeared by applying friction to the part, and compelling them to take moderate exercise.

Translations.

ERYSIPELAS.

Erysipelas is an exanthematous inflammation of the skin, not contagious in its character, affecting the tissue in which it occurs, as well as the one in immediate contact therewith, to an extent which is determined by the nature and violence of the disease. It is characterized by a circumscribed and glistening redness of the integuments, more or less heat and pain, an appreciable tumefaction, and occurs, with, or without concomitant febrile phenomena. It is one of the most common inflammations of the skin, and attacks that tissue in every possible locality, though it manifests a particular affinity for those parts which are usually uncovered. In France, the head is the most frequent seat of the disease among adults, whereas, according to the observations of Billard, among children, it occurs more commonly on the body and limbs. Celsus relates that among the Romans, erysipelas of the legs was a very common affection. Frank affirms, that it occurs in a majority of cases upon the inferior extremities of old men, cachectic subjects, and those whose occupations compel them to occupy the erect position habitually.

Authors have recognized a great many varieties of Erysipelas, basing these divisions, as did Pinel and J. Frank, upon characters of but little real importance, which connect themselves with the intensity of the malady, its complications, or the special causes which develop it in the economy.

We admit, with Cazenave, three principal types of Erysipelas, under which all the different varieties may be readily classified. These types are the following, viz: (1) True Erysipelas,—when the inflammation is confined to the skin; (2) Phlegmonous Erysipelas, when it affects the skin and the cellular tissue to a greater or less extent; and (3) Gangrenous Erysipelas, when the inflammation is essentially

gangrenous in its character, whatever may be the nature of the tissue attacked, or the extent of the invasion.

(I) TRUE ERYSIPELAS.

Certain phenomena usually precede the development of Erysipelas. According to Chomel and Blanche, the intensity of these precursory symptoms is the more marked according to the gravity of the attack which they usher in, the extent to which it invades, and the particular locality of its appearance. These phenomena resemble those which herald all acute diseases, and consist in a feeling of general discomfort, lassitude, nausea, headache, fever, and transient shiverings. Chomel and Blanche have called attention to a remarkable phenomenon which had been previously noticed by Borsieri, and which they regard as pathognomonic of Erysipelas, viz: a painful swelling of the lymphatic ganglions in the neighborhood of the locality where the eruption is to appear.

The integuments of the part present also local phenomena of an important character, such as a sensation of burning and engorgement, together with an elevation of temperature and a dryness that are very decided. Towards the second or third day a partial redness indicates more distinctly the nature of the malady which is about to make its appearance. This redness, which is at first circumscribed, extends by degrees until it forms a patch more or less extended, and of irregular shape. The eruption disappears momentarily under pressure of the finger, and is of a hue which varies from a slight rose colour to a scarlet, or a violet colour, which is sometimes tinged with yellow. The portion of the skin thus affected presents a certain degree of tumefaction which is readily perceived by the touch, and becomes very apparent in certain regions where the cellular tissue is abundant and loose, as the Prepuce in man, and the Labia Majora in woman. The tension, heat and pain augment and present different characters according to the seat of the disease; whilst pressure, even of the lightest kind, increases the sufferings of the patient.

The affected parts are usually the seat of an intense itching pain, which often precedes the eruption, and abates when it makes its advent, perhaps re-appearing at variable intervals, or only when the period of desquamation has arrived.

During this time the general re-action reaches its maximum; the pulse is accelerated; the tongue is coated; the appetite is lost; there is much thirst; the patient complains of headache; and his sleep is disturbed. In a word, the general and local phenomena react the one upon the other so as to increase the intensity of both.

Towards the fifth or sixth day the erysipelatous blush begins to fade; the red tint assumes a yellow hue; the tension and swelling diminish; the skin is no longer glistening, taut and smooth but slightly rough, and somewhat wrinkled. About the seventh day desquamation is established—sometimes by the separation of white fragments, but oftener by lamellated exfoliations—and is not completed before the end of several days. This is the ordinary progress of Erysipelas when it assumes a plain and open character; but sometimes it deviates from this course. When this divergence occurs the symptomatology becomes irregular and gives rise to some of those forms which have been assumed by various writers as distinct types of the disease, forms which take their character either from the general phenomena above described, from the local symptoms just mentioned, or from the *marche d'ensemble* of the affection.

A. The varieties which depend upon the general symptoms are:

(1) Apyrexial Erysipelas—when the precursory symptoms are entirely wanting and there is no fever. This variety is extremely rare.

(2) Erysipelatous Fever—when the premonitory symptoms assume an unusual intensity, and are only tardily followed by the eruption, which in fact seems only to be an epiphenomenon.

(3) Bilious Erysipelas—when the eruption is announced for several days by the existence of great lassitude, nausea, vomiting, and a decided bitter taste in the mouth; whilst

the tongue is covered throughout with a yellow coating, and both skin and conjunctiva present the same tinge.

(4) Adynamic Erysipelas—when the eruption is ushered in with the same symptoms as usually accompany typhoid fever.

B. The varieties which depend upon local symptoms, comprehend the *Miliary*, *Vesicular*, *Phlyctenoid*, and *Pustula* forms of the disease. The presence of these new products indicates that the inflammation has involved the various elements of which the tissue is composed, and without proving that the gravity of the affection is greater, it is calculated to prolong the duration of the attack.

C. The varieties which depend upon some peculiarity in the progress of the disease, comprise (1) Spreading Erysipelas; (2) Erratic Erysipelas; and (3) Intermittent, or Periodic Erysipelas.

(1) When the disease, instead of terminating in the region of its development, extends by degrees to neighbouring parts, it is called Spreading Erysipelas. In these instances the eruption has been known to invade and cover the whole body. M. Renauldin has given a case of this kind of general Erysipelas which terminated in recovery; whilst Cazenave has related two instances of a similar character in children at the breast.

(2) Erratic Erysipelas differs from the preceding in that it changes its seat continually, disappearing at one point and reappearing at another, even before the eruption has run its full course in the part originally affected.

(3) Intermittent, or Periodic Erysipelas. This form has been observed by many authors. Its only peculiarity is in the mode of its manifestation, being at sometimes simply intermittent and at others regularly periodic. M. Cazenave has seen the disease return every month, in a woman aged thirty years, at the regular menstrual epoch, being evidently symptomatic of this peculiar condition of female life. On the other hand we have evidence of the spontaneous return of Erysipelas in subjects affected with chronic diseases of the face, and particularly with Lupus, producing always a frightful modification of the diseased surfaces.

PHLEGMONOUS ERYSIPELAS.

This is that type of Erysipelas which attacks both the skin and cellular tissue. It appears more frequently in the limbs than upon the other regions of the body, usually limiting itself to some particular point, though sometimes invading the whole member.

The general symptoms are more decided than in True Erysipelas, whilst it presents certain differences of character which depend upon the depth, and the extent of the inflammation. When the Erysipelas attacks the superficial beds of cellular tissue, the fever is intense, the agitation is extreme, the shiverings are violent and prolonged.

The local symptoms participate also in the intensity of the inflammation. The blush is more decided, and is less easily effaced by pressure; the affected part is tense and glistening; the tumefaction increases in proportion to the depth of the inflammation; whilst even the slightest examination of the diseased locality produces intense suffering.

Resolution may take place about the fifth or sixth day, but as a general thing the progress of the disease is not arrested at this point. On the other hand the pain becomes more pulsating; a sensation of weight is experienced in the part; the redness of the skin diminishes a little; tumefaction increases; and finally, suppuration is established. When the pus is evacuated externally, it forms openings which are bounded by edges of mortified cellular tissue, and cicatrization does not take place until several weeks have elapsed. When the inflammation has attacked the sub-aponeurotic beds of cellular tissue, the début of the disease is announced by symptoms of a very alarming character, and the Erysipelas marches with rapid strides on to a more serious termination. It is a grave affection, not only because of the greater violence of the general symptoms, but on account of the destruction and disorder which it occasions in the tissues attacked. Thus it is that in the palms of the hand, and the soles of the feet, the inflamed tissues undergo a complete process of strangulation. About the second or third day, violet colored patches appear on

the erysipelatous surface; the skin loses its sensibility; blisters form; and sloughs are produced of greater or less extent, which are subsequently eliminated, giving place to large ulcerations that slowly heal.

The termination of Phlegmonous Erysipelas is not always so happy. In some cases the fever continues, the general disturbance augments, an intestinal inflammation is excited, prostration speedily ensues, and the patient succumbs to a colliquative diarrhœa.

(III.) GANGRENOUS ERYSIPELAS.

We propose to speak of an Erysipelas which is primarily and essentially gangrenous, and not of a gangrenous termination resulting from excess of inflammation. This form of Erysipelas is always grave, and it cannot be readily mistaken or doubted. It is most frequently met with among old persons, and cachectic individuals prostrated by privation, and poverty; whilst the puerperal state seems also to constitute a favorable occasion for its manifestation.

This form of Erysipelas presents several varieties, according to its locality. The most important of these are: (1) Erysipelas of the Face; (2) Erysipelas of the Scalp; (3) Erysipelas of the Umbilical region in the newly born.

Causes.—The causes of Erysipelas are very obscure. If it be met with in persons of all ages, and in every region of the body, it is nevertheless true that it occurs most frequently upon the face both of the young and the old. Females are more predisposed to it than males. All seasons are favorable to its manifestation, though it appears more frequently in spring and autumn, contrary to the opinion of J. Frank, who believes that cold conduces to its development. The ingestion of certain aliments, fish, &c., has been suspected of causing the disease. It attacks all constitutions, and it is probable that the character of the eruption is influenced by the temperament and peculiarities of the individual attacked. In a word, Erysipelas is sometimes produced seemingly as the result of only an incidental cause. Thus, with some it has succeeded the sup-

pression of an habitual discharge, or to a peculiar condition of the mind; and again, it has been caused by an accidental irritation of the skin, some topical rebefacient, contusion, wound, &c.

According to Chomel and Blanche, Erysipelas is always the result of an internal cause—of an essential predisposition, whilst incidental causes only exert a secondary influence in its development.

As to the contagiousness of Erysipelas, it has been admitted and defended in England by Dickson, Arnold, Laurence, and Willan; and in France, by Lorry. In our day, the greater part of French Pathologists totally deny its contagiousness, whilst they admit the existence and operation of a certain epidemic influence which is frequently met with in Hospitals under the domination of special hygienic conditions.

Diagnosis.—The diagnosis of Erysipelas is easy. It cannot be confounded with Measles and Scarlet Fever because the general symptoms of these affections are too distinct and remarkable. Urticaria can be distinguished from it not only by the itching peculiar to the one disease, but by the more permanent character of the eruption which characterizes the other. Erythema may sometimes be confounded with Erysipelas, but the absence of pain, local heat, tumefaction and puffiness in the former, will readily distinguish it from the latter. If erythema nodosum can be for an instant mistaken for erysipelas, it is only necessary to remember the development of the erythematous tumour,—its softness, its evanescence, and its necessary termination, in resolution, to correct the error. Phlegmonous erysipelas differs from diffused phlegmon in this particular, in the last the inflammation begins in the cellular tissue, and reaches the point of suppuration before the skin becomes diseased at all. And, finally, phlebitis and angioleucetis can be readily diagnosed. The first may be known by the pain, the knotty cord running along the course of the vein, the disproportion between the gravity of the symptoms and the limited extent of the local affection, &c. The second may be recognized by the lines, riband like, winding, and

superficial, which circumscribe the spaces within which the skin remains intact.

Prognosis.—Erysipelas assumes a gravity which varies with its form, seat, progress, and attendant circumstances. True Erysipelas of the Face, which is the most frequent, has not generally an unfavorable termination. Among old men and children it is more serious; and its gravity is augmented also when it occurs as the herald or the conclusion of an attack of acute disease. Phlegmonous Erysipelas of the sub-aponeurotic variety, Gangrenous Erysipelas, and Erysipelas of the Scalp, are the most serious forms of the disease, though these differ in the degree of their gravity and importance.

Seat and Nature.—Researches into the pathological anatomy of Erysipelas, establish, that this inflammation affects in different degrees, the skin, the tegumentary vessels, and the lymphatic system.

The extent, intensity and number of the resulting alterations, differ not only with the duration of the malady, but also with its form, its complications, &c.; and hence it has happened that authors have regarded certain of the modifications which are thus produced, as the true representatives of the pathological anatomy of the disease. So Sanson gave the chief rank to lesions of the skin, which constitute, according to his interpretation, the first degree of Erysipelas. Again, Blandin supposed that Erysipelas consisted essentially in lymphatic inflammation. On the other hand, Ribes, Copland, and Cruveilhier agree in regarding it as an inflammation of the cutaneous vessels.

It is evident that in these days, these three orders of phenomena cannot be separated, since they conjointly express the anatoma-pathological lesions of Erysipelas. Erysipelas may then be regarded as an inflammation of the capillaries and lymphatics of the skin, which does not manifest the same intensity in each system, and whose expression and termination vary according to the modes which have been considered above.

Treatment.—The difference in the potency of the means employed to arrest Erysipelas depends upon the views

which are taken of its pathology. Some regard it as a serious inflammation which must be eradicated as speedily as possible; whilst others consider it essentially a local disease which should be combatted on the spot. In the hope of accomplishing these results, active medication has been resorted to, such as repeated bleedings, the application of Leeches to the ganglions, from which issue the Lymphatics of the affected part, and a vast number of abortive measures of a similar character.

We agree with those who esteem Erysipelas an inflammation of no great gravity *per se*, progressing in the same manner as exanthematous fevers generally, having a definite course, terminating favorably as a usual thing, and hence, demanding no active treatment for its management. In some exceptional cases, however, as in Erysipelas of the Scalp, general Erysipelas, Erysipelas of Infancy, &c., the necessity presents itself for much more energetic measure. Outside of these particular instances, it is simply important to watch the progress of the malady, and to combat such complications as may be developed in that connexion.

Among the active agents, beside those already mentioned, which have been recommended in this regard, are: (1) mercurial ointment; (2) abortive measures; and (3) various liquid applications to the affected part.

(1) Mercurial ointment has been applied to the part affected with Erysipelas. This method, which appears to have been long used in the United States by the advice of Dewees, has been especially recommended in France by Velpeau, Ricord, and Serre d'Alais, who have reported a great number of cures attributable to the action of this medicine. Subsequent experience, however, seems to have demonstrated that the cures were simply due to the natural course of the disease, and not to the treatment employed.

(2) Under the name of the abortive method, and in obedience to the teachings of Higginbottom, cauterization with nitrate of silver has been attempted in the diseased tissues. The experiments of various practitioners have not always been successful; and Chomel and Blanche believe that this method is only applicable when the disease

manifests itself in a simple redness of the part, without tumefaction, that is to say, when the inflammation is on its decline. When the inflammation presents those features, which show that it is on the increase, cauterization has no power to arrest its march. When carried to a sufficient depth, this process has been found by Bielt to limit the progress of a spreading Erysipelas.

(3) Different fluid applications have likewise been proposed for the treatment of this disease; such as fomentations with Elder flower water; decoctions of lettuce leaves; infusions of Poppy heads; ice; a solution of the per-sulphate of iron; camphor water, recommended by Malgaigne; a saturated solution of nitrate of potash; tincture of iodine; opium water; creasote; collodion; saturated tincture of lobelia; white lead; dilute acetic acid, &c.; but they are more useful in traumatic than in idopathic Erysipelas.

Such are the principal means employed against the disease, under the head of general agents—means which, though sometimes useful, may become dangerous if not applied with proper judgment and therapeutical knowledge.

In True Erysipelas, which is the most frequent, of all the forms of this disease, rest, proper diet, and emollient drinks will fulfill all the indications of a majority of cases. Sometimes, however, in young subjects, when the constitution is vigorous, and the general reaction excessive, it may be useful to employ the lancet.

When the disease presents some anomaly in its course—when, for instance, embarrassing gastric symptoms are developed, cauterization may be resorted to for the purpose of limiting the progress of the eruption, whilst emetics can be used with decided advantage. As for other complications, their peculiar character will direct the practitioner in the choice of the proper treatment to be employed in the case. Under all circumstances, administer a purgative at the period of disquamation.

Phlegmonous Erysipelas requires, in the outset, a more energetic treatment—such as local and general bleedings, and other measures of a singular character, modified of

course by the seat, and the extent of the inflammation. Sometimes it will prove necessary to make incisions into the part, &c.

Gangrenous Erysipelas demands the employment of some special means, which are indicated by the general condition of the patient. In this connexion, advise a substantial diet, and a tonic treatment—such as wines, bitter teas, preparations of quinia, &c.—and take pains to use topical remedies possessing similar virtues.

To sum up, there is no general treatment which will answer for every case of this affection, there are no abortive means of arresting the disease. The therapeutics of Erysipelas must be determined by the form, seat, and progress of the malady.—*Traité Élémentaire des Maladies de la Peau.*
E. W.

INFLUENCE OF SLOW SATURNINE INTOXICATION ON THE PRODUCTS OF CONCEPTION, by M. CONSTANTIN PAUL, *Interne des Hôpitaux.*

THE history of the dangers incurred by exposure to lead, and its compounds, is daily enriched by new facts, and shows that a number of accidents, unknown till the present, should be attributed to this wide spread and injurious toxic agent.

M. C. Paul, whose attention had been awakened by a very curious fact, noticed in the Hôtel Dieu, has observed, from the results of his investigations, made concerning almost all the women there, that this saturnine intoxication not only manifests itself by well known phenomena described by all authors, but that it exercises a fatal influence upon the product of conception, by causing the death of the foetus or newly born child. This fact is revealed by metrorrhagias in women who have had cessation of their menstruation, for one or two months, and after all the signs which characterize pregnancy have appeared; by abortions at the third or sixth month, by premature accouche-

ments in which infants were born dead or dying; and by a mortality, above the medium, during the three first years of the life of the child.

In the first series of observations, relative to women who had experienced more or less serious saturnine injuries, the author noted, in four women, fifteen pregnancies, in which there were ten abortions, two premature accouchements, one dead born, one dead in twenty-four hours, one child alone living; in addition there were metrorrhagias to the number of three in one case, and more frequently in another. The second series comprises five women, who had two fortunate accouchements before being exposed to the influence of the lead. After exposure, there were thirty-six new pregnancies, of which twenty-six were abortions at the second and sixth month, one premature accouchement, two children were born dead, and five died subsequently, four in the first year. Two infants only remain, one weak and in bad health, the other is in its third year.

One woman who worked in lead, had, in five pregnancies, five abortions; she left her place, afterwards became *enciente* and gave birth to a healthy child, which lives still.

Another series shows the same alternations in the issue of pregnancy, where a woman quits and resumes several times her occupation.

M. C. Paul has noticed the same effects, where the father has been handling the lead. A series of seven observations were made, comprising about thirty-two pregnancies, whilst the father was exposed to the saturnine intoxication; of those thirty-two pregnancies, twelve children died prematurely, (eleven abortions, one dead born;) and of twenty children born living, eight died in the first year, four in the second, five in the third, and one only beyond this time.

A last category shows that the foetus may die under the probable influence of the saturnine poison, whilst either because of the small quantity absorbed, or by reason of a particular immunity on the part of the mother (the exposure being more or less considerable,) the *latter* has presented no phenomenon of intoxication.

To sum up:

1st. We must admit a new class of accidents, hereditarily transmissible, which will comprehend diseases produced by an inorganic body.

2d. Saturnine intoxication does not prevent fecundation, since in eighty-one cases of men and women examined on this subject, twenty-nine had observed one hundred and twenty-three pregnancies occur during the time of their occupations, that is, four per individual, which is not below the medium.

3d. If the lead acts neither on fecundation nor menstruation, it acts on the child. Thus, out of one hundred and twenty-three pregnancies, there were sixty-four abortions, four premature accouchements, five children born dead, and twenty children died in first year, eight in second, seven in third, one alone later; whilst of fourteen living children, there were only ten below three years. There were fifteen metrorrhagias also, and numerous abortions.—*Arch. Gen. de Med.* 1860—*Annald' Hygiène Publ.* Jan. 1861.

W. A. H.

RESEARCHES ON FERMENTATION AND PUTREFACTION, by G. M. VAN DER BROEK.

M. Van der Broek has attempted to solve, and has partially succeeded in so doing, the following questions:

First. Are fresh animal matters which have never been in contact with the atmosphere, changed at a temperature of twenty-five or thirty degrees?

Second. If there be not putrefaction, can this decomposition be induced by the oxygen of the air, or must there be a special agent, and if so, what is it?

By means of experiments, and operating under boiling mercury, the author has been able to test grape juice, white of egg, bile, urine, and arterial blood which had not been exposed to atmospheric air; and has determined, that these substances never undergo fermentation or putrefaction in presence of oxygen artificially prepared, or of air filtered through cotton, &c.

But the fermentation of grape juice is stimulated or caused by cellules of ferment, which have never been in contact with the air.

Ozone does not determine the alcoholic fermentation, nor that termed lactic.

Air filtered or calcined, in a word, inactive air and oxygen gas are nevertheless absorbed by those liquids which gradually acidify.

Animal matters, which have been twenty-four hours exposed to the air, induce the putrefaction of fresh matter. There is, however, no relation between putrefaction and infusorial development.

According to the author, fermentation and putrefaction are induced by a special agent contained in the air, but the first is propagated by means of cellular vegetation, that is an organic phenomenon, whilst putrefaction can only be explained by the mechanical theory of M. Liebig.—*Journal de Pharm.*, 317 and 318, Jan. 1861. W. A. H.

METHOD OF DISTINGUISHING SPOTS OF BLOOD ON AN INSTRUMENT COATED WITH RUST. By M. M. LESEUR AND ROBIN.

When an effort is made to discriminate between a spot of blood and one of rust, the spot may be extremely small, or the one may be superposed on the other. In these two cases chemical action becomes powerless to distinguish them.

M. M. Robin and Leseur have succeeded in recognizing a very small quantity of blood, forming scarcely a coating, on an instrument covered with rust, by the following method. They collect by means of a scalpel and "loup" a small portion of the spot, and dip it in a solution of sulphate of soda, rendered highly alkaline by addition of caustic soda, then examine it with a microscope of 520 diam. At first the substance appears entirely homogeneous, but at the end of half an hour, it is distinctly swollen, and at the end of another half hour, it is composed of globules that can be separated from each other, by making them play upon plates of glass; these globules have been recognized as of animal origin, and as proceeding from human blood.—*Journal de Pharm. and Ther.* W. A. H.

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- THE PLACENTA AND NERVOUS SYSTEM.* By JOHN O'REILLY, M. D. New York City, 1860.

It is truly a very difficult matter to explain an abstruse subject in a clear, intelligible and concise manner, so as to be understood by every person. Having been asked by several persons what I intended to prove in my writings on the placenta and nervous system, I will answer as succinctly as I can. My views, I believe, are ORIGINAL on the following points:

1. That the organic nerves which encompass the maternal uterine arteries inosculate with the organic nerves which surround the hypogastric arteries of the foetus, in the placental lobule—thus establishing a nervous communication between mother and foetus.

2. That the arterialization of the blood for the foetus is caused by the action of the organic nerves in the placental lobule; and that the chemical changes in the blood are attributable *solely* to nervous influence.

3. That it is a fallacy to attribute the arterialization of the blood in the *lungs*, as well as the placenta, to the process of *endosmosis* and *exosmosis* exclusively.

4. That the life is held in existence by the union of the oxygen of the blood with the tissue, or gelatinous substance of the *organic* nervous centres, or ganglia.

* We regard this as a curious but able work, having the rare merit of originality, and as clearly showing that the mind which produced it is not an ordinary one.

Dr. O'Reilly has kindly furnished us with the subjoined synopsis, which will render any "notice" by ourselves unnecessary, as it sets forth, in a clear and concise manner, the principal points which have been made in the paper. We ask for it an attentive perusal by our readers.

5. That whenever the combination or union of oxygen with the organic nervous tissue ceases all over the body—that death is the result.

6. That when the interruption is only confined to one member of the body—that *death* of the part implicated *only* is the result—as is witnessed in mortification of one of the extremities from injury.

7. That in cases of death by drowning, by obnoxious gases, and all accidents which obstruct the passage of air into the lungs—that death is *caused* by the want of oxygen to combine with the organic nervous centres.

8. That an immaterial agent, closely resembling electricity, and called life,—is held in existence, and capable of being conveyed to surrounding parts by nerves—by the union of the oxygen with the organic nervous tissue.

9. That immaterial agents have the power of acting through material agents.

10. That vitality is transmitted from one animal to another during the process of *coition*—whilst semen is being discharged from the male.

11. The manner in which the poisons of malarious and zymotic fevers are communicated to individuals by the entrance of the poisons with the oxygen into the blood, and the subsequent impression of the poisons on the organic nervous tissue—on the oxygen of the blood uniting with the organic nervous tissue.

12. That animal poisons, when applied externally, do not act by absorption, but exert their pernicious influence on the organic nerves of the part.

13. That *irritation* of the *organic* nerves is the *cause* of inflammation and its consequences.

14. That the poison of syphilis, or Hydrophobia, may remain dormant or confined to the part inoculated for a considerable time—and that the subsequent occurrence of secondary symptoms, or Hydrophobia, is owing to the action of the organic nerves of the part originally poisoned, assuming an irritated action.

15. That exsection of the part poisoned at any time previous to the appearance of secondary symptoms, or Hydro-

phobia, would prevent the occurrence of either of these diseases, as the organic nerves of the part could be removed containing the virus.

16. That the hydrogen of the water drank, when a person is overheated, combines with the excess of oxygen in the blood, forms water, and is driven off by the pores of the skin in the form of perspiration.

17. That immersion in the salt water quenches thirst by the hydrogen of the water passing through the pores of the skin, and uniting with the oxygen.

18. That a blow on one of the chief organic ganglia—such as the semi-lunar, cardiac, the superior cervical, or central ganglion—causes death by the shock being transmitted from the injured one to all the others—whereby the union of the oxygen of the blood with the organic nervous tissue is deranged and interrupted.

19. That the organic nervous system can act independently of the animal nervous system, as is exemplified in the action of the heart, and the secretion of the gastric juice.

20. That the animal nervous system can act independently of the organic nervous system—as is exemplified in the act of studying, when the brain is only employed.

21. That the animal and organic nervous systems act in concert as is well exemplified in the case of singing—here the mind, located in the brain, wills that the larynx shall sound a certain note, and sends a message to it by an animal nerve, the recurrent branch of the par-vagus. The larynx is furnished with muscles, whose duty it is to render the vocal chords tense or otherwise, to bring out the note required by the mind. These muscles are supplied with nerves from the superior cervical organic ganglion—and as the muscles obey the dictates of the mind it follows as a consequence, that the organs from which the organic nerves are derived, must be conscious of what is going on in the mind located in the brain—otherwise how could the muscles be regulated with such precision? The note is the product of the combined wisdom of both nervous systems, and may be said to be a *procreation* from both.

[Some may regard this explanation as absurd—but I have stated facts which demand deep reflection, thought, and penetration—and which, to a certain extent, demonstrate the truth of one of the greatest mysteries in the Christian religion—the Trinity.]

22. That the pineal gland is a ganglion of the organic nervous system—as proved by vivisection.

23. That the pituitary gland is a ganglion of the organic nervous system.

24. That the spheno-palatine ganglion presides over the functions of prehension, mastication, and deglutition—as is proved by comparative anatomy.

25. That the cardiac ganglion is composed of a series of ganglia—each ganglion having a peculiar function to preside over.

26. That the semi-lunar ganglia, and small ganglia anterior to it, have each a specific function to discharge.

27. That the removal of blood in the first stage of inflammation produces good effects by diminishing the excess of oxygen in the blood, caused by the excited condition of the organic nerves.

28. That death by hæmorrhage is caused by want of oxygen to combine with the organic nervous tissue—whereby life departs.

29. That therapeutic agents act through their operation on the organic nerves.

30. That effusion of serum into the ventricles of the brain kills by compressing the pineal gland, or president of the organic nervous system—by thus mechanically interfering with the proper union of the oxygen of the blood with the gelatinous substance of the brain.

31. That the brain may be entirely destroyed without extinguishing life.

32. That not only may the brain be destroyed, but the head so despoiled of the encephalon, may be severed from the body, and yet retain life as well as the body—as proved by vivisection.

33. That the circulation of the blood is wholly due to the influence of the organic nervous system—as proved by comparative anatomy.

34. That the union of oxygen with any substance is the source of increased temperature, and consequently the union of the oxygen with the organic ganglia at the termination of the capillary arteries is the source of animal heat.

35. That animal heat is increased or diminished in proportion to the amount of oxygen in the blood—as is exemplified when the patient is in a state of collapse, or suffering from acute inflammation.

36. That it is a fact the blood loses its oxygen on passing through the capillary arteries—and that the heat is increased or diminished in proportion to the quantity of oxygen consumed.

37. That a set of organic nerves is found surrounding all the arteries in the human subject, and visible for a considerable extent on their coats—and that the same is found to be further well illustrated by comparative anatomy.

38. That no organic nerves are to be found surrounding the veins.

39. That a capillary artery terminates in a gland or ganglion where the oxygen of the blood unites with the organic nervous tissue—(and in doing so evolves heat) and the capillary vein commences—carrying back the blood deprived of its oxygen—the excretory ducts of the gland being the pores of the skin.

40. That the union of the oxygen of the blood with the organic nervous tissue not only evolves heat, but a certain amount of electricity.

41. That the chemical excretions derived from the blood, such as bile or urine, are the products of nervous influence, together with the agency of the electricity generated at the moment of the union of the oxygen and organic nervous tissue.

42. That the agency of electricity is exemplified in cutaneous perspiration when a person heated takes a drink of cold water—more oxygen being taken into the blood than is required, over-stimulates the organic ganglia, burning heat of the surface is the result—the surface is in a blaze from the combustion of oxygen which is going forward. The wa-

ter is absorbed, gets into the blood. There is now an excess of oxygen in the blood as well as water. The electricity given off by the union of the oxygen of the blood with the organic nervous tissue—causes the hydrogen of the water to unite with the superfluous oxygen of the blood—and form water.

I ask any chemist or Physiologist could there possibly be a more beautiful provision of nature?

There are several other parts of my work that I hope I need not now allude to with a view to explanation.

REPORT OF THE CITY REGISTRAR OF THE BIRTHS, MARRIAGES,
AND DEATHS IN THE CITY OF BOSTON, FOR THE YEAR 1859.
RAND & AVERY, Boston, 1860.

Our thanks are due to Mr. Apollonio, City Registrar of Boston; for the above report. It contains many interesting and valuable statistics, is published in neat pamphlet form, and discusses several matters of importance to the profession. Some items from this report may be acceptable to our readers.

It appears that there were 5,895 children born in 1859, being an increase of 298 over the preceding year. The males exceeded the females by 107, and the births were in the ratio of one in 30.53 of the whole population. There were thirty-six twin births, in fifteen instances of which females were born, in thirteen males, and in eight there was one of each sex. There were forty-six negro children born during the year, an increase of twenty-two over the year 1858, which can only be explained upon the supposition, that in these times of political excitement more negroes have congregated in Boston on account of the pretended sympathy of its citizens for them. There is one important fact, however, which should be remembered in this connexion, the report shows that the mortality among the blacks has been greater than in any previous year; from which we conclude that these unfortunate creatures have

found this affected interest in their behalf the most hollow of pretences when properly tested, and have learned, from sad experience, that fanaticism and religion are separated wider than the Poles. It is plain that the black race was not designed for a Northern climate, and that the philanthropy (?) which would entice the negro from his genial home amid the rice plantations and cotton fields of the South, with the view of contributing to his happiness and comfort, only tends to surround him by those circumstances which invariably insure the destruction of his life. In the South, he is healthy, strong, and long lived, though a *slave*; whilst in the North, he is the victim of disease, depreciates physically and mentally, and soon fills a premature and neglected grave, though a *freeman*. Is liberty so sweet that it should be purchased at the expense of sorrow, sickness, and death? Did Heaven intend a race of men for a condition or a locality where in a speedy and most miserable extinction must be its inevitable destiny? These are practical and important questions; and, in these days of fanaticism, prejudice and passion, it becomes sensible and patriotic men to consider them calmly, and to answer them deliberately.

But to return to the report, there were married during the year, 2,481 couples, an increase of 326 over 1858, but a decrease of 647 on the year 1854, when the population of the city was 20,000 less than at present. The Registrar affirms that there has been a regular decrease of marriages during a series of six years, a fact of much significance in itself, and one which he thus attempts to account for:

"To account for this almost uniform decrease during a series of six years, would be an interesting subject for investigation. A diminished population would account for the fact, or financial embarrassments might have afforded a cause. Neither of these, however, can account for the singular result. The population has undoubtedly increased materially since 1854, while no monetary difficulties have occurred during the last six years, with the exception of 1857. The real cause may have a less creditable origin,—to one, perhaps, to which it may not be advisable to allude otherwise than obscurely. To the thoughtful, the following statement will be sufficiently intelligible.

It shows the number of *first* marriages of both sexes, in each of the last six years :—

1st Marriage of	1854.	1855.	1856.	1857.	1858.	1859.
Males.....	2717	2449	2149	1999	1789	2107
Females.....	2819	2559	2230	2101	1915	2164

With the exception of the last year, which was simply a rebound from the depression of the previous year, there has been a regular decrease in the first marriages of both sexes during the last six years, To assign a *Satisfactory* cause for this fact is no easy matter. An opposite result would be the *natural* and proper one to be looked for, and it is a matter for profound regret that it is not exhibited. The reason thus hinted at receives some support, it is thought, from the following statement of the *second* marriages of both sexes during the same period :

2d Marriage of	1854.	1855.	1856.	1857.	1858.	1859.
Males	368	373	346	342	337	336
Females	284	282	282	250	235	298

Can any good reason be assigned why there should be a uniform decrease in *first* marriages, and at the same time *second* marriages should occur without any material change? However indiscreet it may be for young men, under certain circumstances, to enter into wedlock, it will not be denied that it is eminently *natural* for them to do so; and it seems equally a matter of certainty that in a healthy condition of society, this relation *will be* assumed by the *unmarried*, *maugre* all prudential considerations.

It is certainly a startling reflection that upon the soil of the Pilgrims, and in the most "cultivated, educated, and religious city of New England," immorality has been decidedly on the increase for the last six years, according to the statements of its own official reports. Can it be possible that a people who have been so zealously engaged in picking the motes from the eyes of their neighbors, should have such huge beams in their own? Is it true

that where so much of humanity is affected, where so many of the scientific and religious illuminati dwell, where such an amount of holy horror for the "damning sin" of a "peculiar institution," has manifested itself of late,—even in strait-laced, pedantic, and most fanatical Boston,—can it be, we ask, that "facts and figures" show an amount of immorality and licentiousness, which puts even her Registrar to the blush? Alas! it is too true, and serves but as another illustration of the facility with which men

"Compound for sins they are inclined to,
By damning those they have no mind to."

Marriage is the most holy of earthly relations. It is the child of religion, the handmaid of refinement, and the noblest illustration of an advanced civilization. A contempt for its humanizing influences, a disregard for the sacred obligations it imposes, a disposition to seek for the gratification of passion beyond its hallowed pale, is the surest evidence of a depraved, selfish and irreligious spirit; and the evidence thus afforded of the immoral tendencies of the Boston people, should convince them, as it does the rest of the world, that they have work to do at home, and that they should devote themselves to the task of their own improvement, before presuming to teach lessons of morality and religion to those, who, whatever may be their sins, have nothing of cant and hypocrisy to answer for.

Some singular things are brought out in connexion with this subject of marriage. Thus, there were fifty-eight females married under eighteen years of age, seven of the number being under fifteen, a fact which not only indicates a remarkable precocity in this regard, but is calculated to throw some light upon the mooted question of the extent to which climate and locality hasten the advent of the menstrual period. The opinion has been long entertained by a majority of medical men, that females residing in warm climates, menstruate earlier than those of colder regions. Some doubt, however, was recently thrown upon the correctness of this supposition by certain French writers, who assume that habits, modes of life, &c., have a more pow-

erful agency in hastening the advent of the menstrual period, than the particular influences to which we have just referred. Thus, in Paris, where the moral influences are peculiar, and the habits of life luxurious, even among the lower classes of society, in some 1,200 observations made by Brierre, twenty-nine girls menstruated at ten years, ninety-six at eleven, 129 at twelve, 138 at thirteen, and 212 at fourteen, results which certainly demonstrate that the particular agencies operating in the French capital, do exert a most positive instrumentality in accelerating those changes by which the girl is transformed into the woman.

But though these facts cannot be controverted, they do not decide the question of the influence exerted by climate in this connexion. They prove that certain habits tend to development of early menstruation, but they plainly do not disprove that climate may produce the same effect. They establish one proposition which is by no means antagonistic to that view of the case, about which the profession seems to have been so long and so well assured. And when it is remembered that the opinion which attributes the early development of puberty to the influence of warm climates, and its more tardy manifestation to the restraining agencies pertaining to cold climates, is sustained by the observation of those who have travelled alike in torrid, temperate and frigid regions, as well as by many other significant and similar proofs, there seems to be no good reason for adopting the more modern, but less accurate view of the subject. It is stated upon good authority, that in Africa and Persia the changes of puberty take place generally between the eighth and ninth year; in England and Germany they usually occur between the fourteenth and fifteenth year, whilst we have the authority of those who have travelled among the aborigines of Greenland, and the northern coast of this continent for the assertion, that menstruation in these localities is delayed to a still later period. It is also well known, that southern women marry and bear children as a general rule earlier than those of the north; and the experience of every medical man who has practiced among ne-

groes will confirm the fact that they attain the age of nubility much in advance of the whites who surround them, thus demonstrating the potency of the influence exerted by climate upon a race which has been for centuries exposed to its peculiar agencies.

It is certainly true that exceptions present themselves to this rule, but they establish nothing against its general correctness. Thus Dr. Sussewind knew of a child of seventeen months, which had menstruated since she was a year old; the hemorrhage returned regularly every month, and the breast and mons were those of a girl fourteen years of age. Lenhossek reports the case of a child that menstruated when nine months old, and at two years presented the external signs of puberty. D'Outrepoint met with a girl who had four teeth when two weeks old, long hair and prominent breasts at nine months, and menstruated regularly from that period. And Carus tells of a woman who menstruated when two years old, became pregnant at eight, and died at an advanced age. So on the other hand Kleeman mentions the case of a woman "who married at twenty-seven years, and who did not menstruate until two months after her eighth confinement; and Pecklin tells of "a strong and healthy married woman who had never menstruated although she was forty years of age; her courses made their appearance upon one of the first nights succeeding her second marriage, and recurred regularly for two years, at the expiration of which time she became pregnant." These are rare and extraordinary cases, however, occurring in all climates, and proving nothing except the fact that nature sometimes delights in anomalies.

Still-births are not unfrequently suspicious circumstances. When they occur under professional management, they render the physician obnoxious to the charge of unskillfulness. And on the other hand, when no regular practitioner is present, these unfortunate accidents may argue some criminality on the part of those most interested in the result. There were 292 still-births in the city of Boston during the year 1859. Now, this may have been all right enough in itself, since such results are sometimes inevita-

ble; but it strikes us that this is rather a large proportion of accidents for a city in which so much of professional skill and private morality are concentrated.

The number of deaths for the year was 3,738, being 102 less than for the year 1858, and showing that there has been a regular diminution in the mortality of the city for the last ten years. This is the most agreeable side of the picture, since it not only proves the excellence of the sanitary regulations adopted by the authorities, but is an additional evidence of the progress which medical science is making even in Massachusetts. Of the sanitary police, we knew nothing before, and therefore had formed no opinion on the subject, but of the profession we had heard something, and had arrived at our own conclusions respecting it. We had read Bigelow's *Rational Medicine*, and Holmes' "notorious" Address, and had concluded, that if there was a spot on earth where medical scepticism had taken its special abode, the city of Boston was the place. We had thought, that, if the peculiar doctrines of Sir John Forbes had found advocates and followers among any people, it was with the profession of "the Athens of New England." We had supposed, that though there still remained in that city many noble advocates of the principles and practices of our medical fathers, the great mass of the profession was worshipping at new altars and following other guides. The evidence of the diminished mortality in the metropolis of Massachusetts, undeceives us in regard to these things, whilst it assures us, that we have done injustice to our medical brethren there, and indicates that there still remains in that locality something of conservatism, of faith, of reverence for authority, and of respect for the established principles of medicine, notwithstanding the sneers, gibes, and sophisms with which they have been assailed.

It is manifest that all the drugs have not been "thrown to the fishes," but that, in despite of the well turned periods, the witty epigrams, and the "smart sayings" of the "Autocrat of the Breakfast Table," *et id omne genus*, medicines have been legitimately, scientifically and successfully

used, and that human life has been saved through the benign instrumentality of our most noble profession.

Some men were made to shine at the "Breakfast Table," and others in the "sick room." The autocrat is unsphered in the physician.

THE EIGHTEENTH ANNUAL REPORT OF THE MOUNT HOPE INSTITUTION, near Baltimore, for the year 1860. By WM. H. STOKES, M. D.

Among the many particulars in which the civilization of the Present may justly claim superiority over that of the Past, the perfection to which the management of the Insane has been carried, holds a proud preëminence. In other days the poor unfortunate upon whom the fearful curse of madness had fallen, was regarded as entirely bereft of his humanity, and received even from the hand of friendship the most cruel, barbarous, and unscientific treatment. He was subjected habitually to painful restraint, and frequently to cruel punishment. His limbs were covered with fetters; not a word of encouragement or kindness was breathed into his ear; and amid the noxious vapors of some gloomy prison house, he was left to fret out his most miserable existence, an object of terror and disgust to all around him. His keeper had only been instructed in the *unwise lesson of coercion*, and knew of no means to insure the safety of others, and the welfare of his patient, save restraint and force, with all their dread appliances. And when once the sun of reason had sunk beneath the horizon, and the gloomy shadows of insanity had enshrouded him, there was no prospect of a brighter and a happier morrow, but one by one each star of hope went out, leaving the benighted soul in utter, and perhaps perpetual darkness.

But, thanks to the humanity and genius of the Medical Profession, a new era has dawned upon the destiny of the madman. He is no longer esteemed an alien from nature, and beyond the pale of sympathy and kindness. His apostacy

from humanity is not now considered a punishment for his misdeeds inflicted by a wise but inscrutable Providence. He is no more regarded as an object of terror and disgust, to be chained as a brute, and avoided, as cursed alike by friend and stranger. But science has penetrated the mystic labyrinths of the human intellect, and discovered the occult sources from whence arise the streams of thought whose contracted and sluggish currents, or full majestic, and translucent tides, or impetuous, overflowing and muddied torrents constitute what we denominate idiocy, or sanity, or madness, as the case may be. The "terra incognita" of the disordered intellect has been explored, its secrets revealed, and its whole domain annexed to that more genial realm over which medical skill exercises its most blessed prerogative. The gloomy prison house wherein the miserable outcast dragged out his still more miserable existence, has been entered and opened by the spirit of a wiser and nobler humanity. The shackles have been stricken from the limbs of the sufferer, and surrounded by all the comforts that liberality can supply, ministered to by willing and skillful hands, and nursed by the loving and faithful servants of a pure religion, the raving maniac has gradually regained his glorious birthright of reason, and walked forth upon the beautiful earth again, a living monument to the superior wisdom, the broader humanity, and the more elevated civilization of the nineteenth century.

The Mount Hope Institution is now in the eighteenth year of existence, and according to the report of Dr. Stokes, is in a condition of unprecedented prosperity. This asylum has long enjoyed a high reputation throughout the whole country, not only for the admirable system of treatment which is practised in its walls, but also for the fidelity with which the patients are attended by the Sisters of Charity, and the kindness and urbanity which distinguish the conduct of its able Superintendent. It will then be a source of infinite pleasure to its numerous friends to learn, that notwithstanding the stirring events which have of late excited the popular mind, and paralyzed nearly every possible enterprize, this institution has been liberally sustained,

and has lost nothing of its ancient *présteige* in the noble work to which it has been specially dedicated.

Space will not permit us to go into the details to which the pages of this report are devoted, and we will conclude this notice by giving the opening remarks of the attending Physician, as they furnish a sufficient exposé of the real *status* of the institution.

“Another year has finished its course, devolving on us the duty of presenting to the Guardians of the Institution the Eighteenth Annual Report of its operations, and the movements of the patients for that period. In passing in review the events of the past year, we see abundant cause for gratitude to the Almighty Giver of all good for the manifold blessings and mercies extended to the Institution. With an average number of *Two Hundred* patients in the House throughout the year, a degree of good health has prevailed unprecedented in the history of the establishment. Amongst the old residents, embracing a large number of infirm and feeble persons, suffering from a variety of chronic ailments, and requiring extraordinary care and attention, not one death has occurred. No fact could better testify, than does this, to the healthful nature of the hygienic and dietetic influences here surrounding the patient. It is a fact clearly demonstrating how much may be accomplished by assiduous attention to the personal comforts, and physical wants of this class of persons, and how much may be done by well-directed measures, to ward off the encroachments of disease. This general prevalence of good health amongst our inmates, and particularly amongst the aged and infirm, must be attributed to the healthful location of the building, to the cleanliness maintained in every part, to the untiring attention paid to the personal comfort of every individual, and to the systematic regularity in the daily routine of life. Who can calculate the advantages enjoyed by the victims of this distressing malady, by the abundant and regular supply of good, plain nutritious food; by the system adopted of free exercise in the open air, and by the measures pursued for mental diversion, through means of agreeable recreation and varied

amusements? How greatly must their chances of recovery be augmented, and their lives prolonged, by the protection here afforded them, from the numerous and multiplied sources of disease to which they would otherwise be necessarily exposed?

“We have the satisfaction of reporting an exemption during the year, from any fatal casualty. This freedom from accident, in an institution numbering among its inmates many patients affected with dangerous propensities, is the best possible testimony to the unremitting vigilance of those in immediate attendance upon them.

“The whole number of insane patients, during the period of eighteen years, that the Institution has been in operation, has amounted to *two thousand two hundred and eighty-seven*.

“On the 1st of January, 1860, there were in the House one hundred and seventy-seven insane patients—seventy-one males, and one hundred and six females. During the year ending 1st January, 1861, there were admitted one hundred and thirty-five—seventy-one males, and sixty-four females, making three hundred and twelve insane under care in the course of the year. In addition to this number of insane, there were thirty-four cases of *Mania-a-Potu*, making the entire number that has participated in the benefits of the Institution three hundred and forty-six.

“There have been discharged one hundred and twenty-five insane—seventy males, and fifty-five females; leaving, on the 1st of January, 1861, one hundred and eighty-seven—seventy-two males, and one hundred and fifteen females. The number of cases of *Mania-a-Potu* discharged was thirty—twenty-five males, and five females, leaving still in the House four. The number of inmates altogether on the 1st of January, 1861, is thus seen to be one hundred and ninety-one.

“Of those discharged, fifty-three had recovered, forty-seven had improved, nine were unimproved, and sixteen died. The pathological states to which the deaths were attributable, appeared to be as follows: To general par-

alysis, five; to phthisis pulmonalis, two; to acute mania, with intense cerebral excitement, three; to exhaustive mania, or febrile delirium, three; to organic disease of the heart and dropsy, one; to rupture of aneurism of aorta, one; to gastric ulcer, with hæmatemesis, one."

Dr. Stokes will please accept our thanks for the report which we have thus so briefly and imperfectly noticed.

The following works have also been received, but too late for a proper notice in this number of the JOURNAL.

A HAND-BOOK OF HOSPITAL PRACTICE, or an Introduction to the Practical Study of Medicine at the Bedside. By ROBERT LYONS, K. C. C., &c. S. S. & W. Wood. New York city. 1861.

A PRACTICAL TREATISE ON THE ÆTIOLOGY, PATHOLOGY AND TREATMENT OF THE CONGENITAL MALFORMATIONS OF THE RECTUM AND ANUS. By WILLIAM BODENHAMER, M. D. S. S. & W. Wood. New York. 1860.

THE INSTITUTES OF MEDICINE. By MARTYN PAINE, A. M., M. D., L. L. D., &c. Harper & Brothers. New York. 1860.

These are all splendid works, and shall be thoroughly reviewed at another time. We are grateful for these favors, and shall surely show our appreciation of them by giving the works an impartial notice.

PHYSICIANS IN THE UNITED STATES.—These amount to 40,481. In Massachusetts there is one physician to 605 inhabitants; in New York one to 610; in Pennsylvania one to 561; in North Carolina one to 802; in Ohio one to 465; in Maine one to 884; in California one to 860.

Selections.

PRACTICAL MEDICINE.

DIPHTHERIA—DIPHTHERITIS. BY D. M. REESE, M. D.

The Medical Journals are occupied in almost every number with articles on this now fashionable topic ; in relation to which much nonsense has been written by novices, crude theorists, and panic makers ; so that those who know no better are thrown into a spasmodic consternation, as tho' some new and terrific pestilence were sweeping over the nation, and menacing to decimate the population of the earth.

If only such practical men as Drs. Clarke and Jacobi of New York, and Dr. Slade of Boston, and such experienced men, whose practical knowledge and observation entitle them to a hearing before the profession, were undertaking to enlighten their brethren on the subject, we might anticipate the inauguration of a systematic and rational therapeutics, which would be innocent and safe, and calculated to benefit both the profession and the public. But while every medical tyro, whose ambition for notoriety is arrogantly presuming to instruct the public on a subject of which he betrays profound ignorance, finds access to the journals to ventilate his crude notions, it is no marvel that the bills of mortality should continue to report the victims, not of diphtheritic maladies, but of the irrational and dangerous medication so flippantly recommended by the numerous sect of know-nothings who compile and report for the medical press.

These terms diphtheria and diphtheritis were introduced by M. Bretonneau, in 1826, to designate, *not* any simple malady, or new disease, but a *class of diseases*, characterized by a tendency to the formation of false membranes

upon the dermoid textures, as the mucous membranes and the skin. Until his time, these maladies had been known from time immemorial by a variety of names, such as *malignant sore throat*, throat distemper, putrid sore throat, angina maligna, &c., which had been recognized alone, or in complication with scarlatina, croup, &c. In the epidemics observed by him in 1818, '25 and '26, in France, M. Bretonneau described all these complications, regarding the identity of this affection, whether combined or alone, as proved; but, nevertheless, believing in the specific and contagious character of the malady in all cases, and that its pathognomonic symptoms were an exudation of false membrane, reproducing itself by an infectious or contagious virus, he recognized it, whether existing singly, or when combined with other diseases, as with croup, scarlatina, &c., as true diphtheria. Hence he speaks of pellicular, tracheal, cutaneous diphtheria, evidently regarding it as a constitutional disease, or blood crisis, an epidemic fever, as it undoubtedly is. He erred, however, in his almost exclusive reliance upon topical or local treatment.

Diphtheria has been so often epidemic in the various countries in the Old World, as well as in the cities and country places all over America, that our profession at least ought to be better informed in relation to it, than would appear from much of the effort now made to instruct medical men in relation to its etiology, pathology, diagnostic symptoms, and therapeutics, as though the disease were new and unknown. It is this which has created a wide-spread panic on the subject among the public press, who have hence inferred that our physicians in town and country are ignorant of any true or successful plan of treatment; the disease being a strange addition to our prevalent maladies, or a new disease.

That it has been familiar to all our older physicians, who have witnessed so many of its epidemic visitations, and been called to treat it so often during the last forty years, is notorious, several of whom, now living, having written ably upon the subject from practical experience;

among whom Dr. John Bell, of Philadelphia, and Dr. J. W. Francis, of New York, may be named. It ought, then, to be everywhere proclaimed that diphtheria is in no sense a new disease, any more than croup, quinsy, or scarlatina, with all of which it is often complicated and so frequently confounded.

That its epidemic visitations have been more frequent of late in some other countries, and even in our own, is true; and hence it is believed to be better understood by the profession, and less fatal, than at any former period.

Of its causes little more is known than was long ago promulgated by Dr. Samuel Bard, of New York, viz: that it arose from an epidemic atmosphere, or, as he termed it, "*miasmata sui generis*;" although parasitic, fungoid, and other theories have from time to time been ventilated on the subject. If, indeed, the ultra contagionists are to be believed, it can originate from no other cause than a contagious virus, which they allege to be inherent in the pseudo-membrane, and other morbid secretions from the ulcerations in the fauces, nares, &c. But although isolated instances of infection and contagion have been authenticated in certain malignant and putrid examples, yet these are exceptions to the general rule, for the malady often originates and spreads under circumstances in which contact cannot be possible; and, moreover, in many of the worst epidemics, the possibility of communicability from the sick to the well has been disproved, and the virus shown to be inert. Hence all now agree that if contagious, it is only in a light degree and in rare examples.

The diagnostic symptoms and pathology of diphtheria have been of late so frequently copied and recopied from the books, by the numerous and busy compilers, who have read, written and published their lucubrations in the journals and newspapers, thus advertising themselves in this specialty, that it is not called for to repeat them here.

All that is important or useful in this regard may be comprised in a few words.

Diphtheria is a fever preceded and accompanied by febrile symptoms, attended with more or less prostration of

the vital powers, and called asthenic. The characteristic exudation of coagulated fibrin may appear only upon the mucous membrane of the fauces, or involve the nares, and extend to the larynx, pharynx and trachea; or it may appear upon blistered or other surfaces upon the skin, if the cuticle have been abraded. These local manifestations, however, are the proof and the fruit of constitutional morbid action pre-existing; though the latter may not be very apparent at first. The attack may be preceded or accompanied by the characteristic eruption and other signs of scarlatina, or in tracheal and laryngeal cases in like manner be complicated with true croup, but the pathognomonic signs of diphtheria will in such cases be easily recognized by a good diagnostician.

It now only remains to indicate the hygienic and medical treatment called for in diphtheria; and this is by far the most difficult task we have assigned ourselves in this paper, and for obvious reasons. Not that we are at any loss as to the true indications, palliative and curative, which long experience has sanctioned, but we are appalled at the innumerable drugs which are enumerated by very many of the flippant writers who have lately assumed to be therapeutical teachers on this topic, and especially by the potent and even deleterious nature of many of these drugs, and the herculean doses so recklessly prescribed. Many of these we never employ, though we have known them used in contempt of every posological authority, whose maximum dose is exceeded by an enormous per cent. A recent death by one of these, viz: chlorate of potash, should prove a caution, else this remedy had better be given over to "poison the fishes," à la Dr. O. W. Holmes, than to be prescribed in such unwarrantable doses. Indeed, the catalogue of drugs we have seen recommended in some of the journals, in their potency, quantity and number, would in our judgment, which will be taken for what it is worth, infallibly render any case of diphtheria fatal in an adult, and destroy life still more speedily and certainly in a child.

But we forbear, and will briefly state our own views as promised.

The first indication in the *onset of the disease* is to restore, sustain, and invigorate the powers of life, by nutriment and cordials. And for this purpose the most nourishing food, jellies, ice cream, wine whey, milk punch, soup, &c., are well adapted. Cooling drinks, with ice allowed to melt in the mouth, will be found grateful and useful.

The second indication is to relieve and arrest the local suffering in the throat; and this is best done in all cases by a mild emetic, as the syrup of ipecacuanha, which will generally be sufficient, or of squill if necessary. The earlier in the disease the better, but the emetic may be repeated if required at any period of the malady.

The third indication is the topical application of some agent to the fauces, to arrest and heal the ulcerations, remove the pseudo-membrane where this is practicable, cleanse the throat, correct the putridity, or stop the gangrenous sloughing, if this has commenced. This should not be done by a sponge, but by a camel's-hair pencil. Solutions of the nitrate of silver, ten to twenty grs. to the ounce, tincture of iodine, sesquichloride of iron, have all been recommended for this purpose. But a gargle made with two ounces of honey, to which an ounce each of tincture of capsicum and tincture of myrrh are added, will be found to answer every purpose, when the use of a gargle is possible.

But as a gargle is often impracticable with children, the same mixture may be applied by the camel's-hair pencil or any soft mop. The sponge is sure to irritate, and may do mischief. To sustain the system by the use of vegetable or mineral tonics, and occasionally to remove morbid secretions by an enema or laxatives, may be called for on general principles. For the former, quinine and iron will be found best adapted in medium doses; and for the latter, magnesia or the tincture of rhubarb will suffice.

Such are the remedial agencies which we are free to say have seldom disappointed us, and comprise all the medica-

tion we can recommend. But as the pathological state may, and often does, indicate in particular cases other medication, we can only refer the decision to the only safe umpire—the physician on whose responsibility it is to be used. And we will only add, that we would caution our brethren against all deleterious drugs, or hazardous doses of any drug, in a disease so dangerous as diphtheria. All who will test the value of our counsels, as above given, in the management of diphtheria, will find fatal cases rare, and this pestilence divested of half its terrors.—*American Medical Gazette.*

CASE OF URÆMIC ECLAMPSIA OCCURRING IN A MALE, THE
SEQUEL OF SCARLATINA. By JAS. H. DICKSON, M. D., of
Wilmington, N. C.

I am induced to report this case in consequence of its novelty in my experience, and as calculated to confirm that Pathology of Puerperal Eclampsia which refers it to Uræmic poisoning.

The subject of the case is a stout boy of ten or eleven years old. In November last I was called to see him in consequence of a marked drowsiness, almost amounting to stupor, which had come over him a day or two before my attendance was desired. I found him oppressed with drowsiness, from which he could be roused by speaking to him in a loud tone, but into which he would almost immediately relapse. There was a puffiness or œdematous intumescence of the face, which induced me to suspect that the case was the sequel of an attack of scarlet fever, and upon inquiry, the mother recollected, that about a fortnight before he had a slight eruption, but was so little affected by it as not to take his bed for it. Scarlet fever was not suspected, and he was so little indisposed by it, that no medical advice was desired in his case.

At the time of my first visit his urine was scanty and turbid, depositing a dark, sooty material, having much the appearance of broken down blood globules.

With a view to relieve the cerebral oppression, an active hydragogue was prescribed, together with a blister to the back of the neck. These measures seemed to be productive of decided relief. After the bowels had been well moved, the drowsiness disappeared.

A mild saline diuretic of Acet. Potas. and Spts. Nit. Dulc. was next prescribed; and for two or three days the case seemed to be progressing favorably. The urine however, still remained scanty in quantity, and highly albuminous, exhibiting for the most part the sooty deposit before referred to.

After a few days, this condition of the urine was replaced by Hæmaturia—clear florid blood, passing with the urine. To meet this symptom, leeches were applied to the region of the kidneys, and an active saline purgative given.

Notwithstanding the copious local depletion and active catharsis, he was taken very unexpectedly with a severe convulsion. With very little intermission, convulsions continued to recur up to the time of my arrival, about an hour after the first spasm. I immediately opened a vein in the arm, and after about six or eight ounces of blood had been drawn, the convulsions subsided, and did not again recur. A combination of Calomel, Squills and Digitalis was now prescribed for him, and continued until slight ptyalism was induced.

This, followed by tonics, resulted in a convalescence, which led to a speedy re-establishment of his health.

This case corroborates the observation very frequently made, that the activity of the renal disease, bears no proportion to the apparent intensity of the original febrile attack, and would seem to confirm the opinion expressed by many practical writers, that where the cutaneous efflorescence is slight, the blood is less apt to be depurated of its poisonous element, and severe sequelæ are more apt to occur.

The point in the case to which I wish more particularly to refer, is the dependence of the eclampsia upon the uræmic state of the blood, thus confirming the probable correctness of the opinion that the puerperal form of the dis-

case is dependent upon the same condition of the circulating fluid.

Many of the ablest observers and most intelligent pathologists seem inclined to adopt this view of the pathology of Puerperal Eclampsia, and yet there are some who regard the morbid condition of the kidneys as a consequence, and not a cause of the convulsions, an accidental secondary hypercæmia of the kidneys, caused by the convulsion and the hydræmic state of the blood. In the case which I am describing, it cannot have escaped notice that the morbid state of the kidneys preceded the occurrence of the convulsions many days, and whether we admit it to have stood in the relation of cause to the eclampsia or not, it could not possibly have been its effect.

The case may, I think, be regarded as furnishing pretty strong evidence of the dependence of eclampsia on the retention of the excrementitious elements of the urine in the blood, and as rendering it highly probable that that hypothesis which refers Puerperal Eclampsia to uræmic poisoning is a correct one.

Another point worthy of notice in this case, is the very obvious and decided efficacy of blood-letting in relieving the eclampsia.

A few years ago it would hardly have been thought necessary to call attention particularly to the efficacy of a remedy which would almost immediately have been resorted to with confidence, by every practitioner. But the opponents of blood-letting of the present day are evidently inclined to carry their views and practice to a radical extreme, and it becomes necessary to resist the dangerous counsels of men occupying positions of such extensive and controlling influence as those of Drs. Bennett and Todd, who seem disposed to ignore entirely this useful and indispensable remedy. I do not contend that it is applicable to every case of Uræmic Eclampsia, whether Puerperal or Scarlatinous, or that it is of itself, absolutely curative; but that in cases in which it is indicated, it is a necessary means to guard the brain against injury from the violent convulsive paroxysm, and to place the system in

a condition better adapted to be favorably impressed by the action of other remedies.—*Medical Journal of North Carolina*.

ACTION OF HYDROCHLORIC ACID UPON PHTHISIS.—Dr. R. P.

COTTON presents a very instructive report (*Med. Times and Gazette*) on the effect of hydrochloric acid upon twenty-five in-patients of the Consumption Hospital.

Of the twenty-five patients, seventeen were males and eight females. Their respective ages varied from sixteen to forty years. Ten were in the first stage, four were in the second stage, and eleven in the third stage of the disease. In twelve instances the mineral acid was given alone; in thirteen cases it was combined, during part of the time, with cod-liver oil. The dose of the acid varied from ten to fifteen minims of the dilute hydrochloric acid of the Pharmacopœia, mixed with peppermint-water, and administered three times a day. In three cases it was tried for only a fortnight, but in all the rest it was continued for periods varying from four to thirteen weeks.

Of the twenty-five patients, eleven greatly improved, six slightly improved, and eight received no benefit. Of the greatly improved cases, seven were in the first, two were in the second, and two in the third stage. Of the slightly improved patients, one was in the first, one in the second, and four in the third stage. Of those who received no benefit, two were in the first, one in the second, and five in the third stage.

Sixteen patients gained in weight, eight lost in weight, and in one there was no alteration. The changes in weight were particularly noticed in reference to the cod-liver oil. In six cases, although no oil was taken, there was a great increase of weight (an average of six pounds to each patient); but in all the rest, who either did not or could not take the oil, there was more or less loss of weight. Without reference to the oil, however, those greatly improved were found

to have increased in weight, although such increase bore no direct proportion to the amount of improvement, some who had gained the least having been quite as much benefited as any of the rest.

The improvement was in several cases very marked indeed, both locally and generally; the disease appearing to be arrested, and the patients declaring themselves "quite well." This was especially noticed in three cases, in one of which the disease was already in the second stage; in two of these no cod-liver oil had been taken, in one this remedy had been occasionally added to the acid. Two other persons, who had actual vomicae, also improved very decidedly, the pulmonary secretion greatly diminishing, all the general symptoms subsiding, and the patients ultimately leaving the hospital materially improved in every particular. Of the seventeen more or less improved cases, seven took no oil, while in ten it was occasionally taken in combination with the acid; in two of the latter cases the oil seemed to make little if any difference, but in at least four it appeared to contribute materially to the general result.

In five of the patients who were obviously benefitting under the hydrochloric acid, the experiment was made of changing it temporarily for an equivalent dose of *liquor potassae*. In one of these there was no marked effect, the patient appearing to do equally well under either acid or alkali; but in the other four the change was more or less prejudicial, the patients unhesitatingly affirming that they were progressing less than when taking the acid. Much care was used in making this observation, the patient's own words being in each case recorded.

In very few instances did the hydrochloric acid at all disagree. Now and then a little gastric pain was complained of, but in no case was it necessary permanently to abandon its use. As a general rule, the appetite greatly improved under its administration.

For some months past I have frequently prescribed for phthisical patients the mineral acids in conjunction with gentian and other vegetable tonics; but I became anxious

to examine as far as possible the separate influence of the acids. The frequency with which consumptive persons suffer from dyspepsia, the fact that the free acid frequently occurring during healthy digestion is the hydrochloric, together with the well known solvent effect of this acid upon the plastic constituents of the food, pointed rather to it as the proper object of the experiment than to either the nitric or sulphuric acid. I have no reason, however, to think that either of these acids, or the compound known as the nitro-hydrochloric acid, may not be equally beneficial; but upon this point I hope to make further observations.

After making due allowance for other influences, so favorably brought into operation at the Consumption Hospital, I cannot help coming to the following conclusions:

1. That the mineral acids are well suited to a large number of phthisical cases.

2. That the dilute hydrochloric acid especially, in doses of ten or fifteen minims twice or thrice a day, is an important auxiliary to other treatment, and may oftentimes be usefully employed, either alone or in conjunction with other mineral or vegetable tonics.

LEUKÆMIA.—At a late meeting of the Medico-Chirurgical Society, of Edinburg, Dr. Warburton Begbie directed attention to a case of Leukæmia, which had been under his observation for upwards of twelve months. The patient, an Irish laborer, had for the first time noticed a fulness in the left side of the belly, about eight months previous to his coming under Dr. Begbie's notice, and attributed the swelling to an injury he had shortly before sustained from a fall. He had never suffered from ague. The spleen, which is very greatly enlarged, occupying the whole of the left side of the abdomen, and passing considerably to the right of the mesial line, is the only organ affected. The liver and external lymphatic glands are uninvolved. The blood,

viewed under the microscope, shows the presence of the colorless corpuscles in very greatly increased amount. The patient, who is pale in appearance, continues to enjoy tolerable health, and has manifested no marked tendency to hæmorrhage. Some months ago, as the result of a kick over the left shin, suppuration occurred, and some amount of bleeding took place, which was arrested by compresses employed by Mr. Spence. The spleen is continuing to increase in size, and the alteration in the blood is becoming more and more conspicuous. A nourishing diet and the use of iron has been the plan of treatment pursued. Within the last few weeks, a patient, suffering from well-marked leukæmia, with enlargement of both spleen and liver, and some tumefaction likewise of the lymphatic glands in the neck, axillæ, and groins, had contracted typhus fever in the hospital, and died. The spleen, in that instance, had been found by Dr. Haldane to weigh upwards of four pounds. In the case presented to the Society, there could be no hesitation in concluding that the weight of the spleen is double or even treble that of the organ in the fatal case referred to. Dr. Begbie had at present under his care in the Infirmary, a lad presenting very considerable enlargement of the external lymphatic glands, and alteration in the relation of the blood corpuscles, as determined by the microscope, but without any affection of the spleen. This was a case of the so-called Leucocytosis of Virchow.—*Edinburgh Medical Journal*.

BROMIDE OF IODINE AS A TOPICAL APPLICATION IN DIPHTHERIA.

—By J. T. METCALF, M. D.

In the treatment of Diphtheria, I believe all sound practitioners are agreed that it is of prime importance to do everything calculated to nourish and sustain the patient, whilst administering such medicines as tend to correct the anæmia, so frequently, if not universally recognized as one of its most striking features.

In common with many others, I have relied mainly on the tincture of susquichloride of iron, for internal administration. Nor has my experience failed to convince me of its excellence. It has the superiority over chlorate of potash, in not disagreeing with the stomach, when properly diluted, and of not producing the exhausting diarrhœa which I have known, occasionally, to follow the use of the salt.

My object in addressing you this note is not to speak of the general medication in diphtheria, so much as to call attention to the fact that, in five cases, I have found great benefit from a topical application of which I have seen no published recommendation.

In the winter of 1859-60, a student of the University Medical College suffered from an exceedingly severe attack of the disease. There were all the well-marked constitutional symptoms, with the swelling of the lateral cervical glands, and abundant patches of exudition on the tonsils, uvula, roof of the mouth, and posterior pharyngeal wall. This gentleman was a son of Dr. Webb, of Hempstead, Long Island. As a probably fatal prognosis had been made in the case, the young man's father had come to New York, bringing with him a vial containing a mixture of *Bromide of Iodine*, in mucilage or syrup of gum arabic—two drops of the former to a fluid ounce of the vehicle.—This, he said, he had heard was a good antiseptic, and might prove useful in his son's case, as there was the usual foetid character of the breath. Drachm doses of the medicine were taken internally, at intervals of several hours; and with a camel's hair pencil, it was applied frequently to the patches of exudation.

It certainly acted as a disinfectant; but it was followed by a remarkable change in the appearance of the membranes. Within twenty-four hours, they had, apparently, broken down—disappearing in spots, entirely; and leaving the mucous membrane red and smooth, where the white exudation had formerly existed. Within the next eighteen hours, the fauces and palate were entirely freed from all pellicular matter.

The next case in which I used it, occurred in a lad of thirteen, who had, two years previously, suffered severely from scarlet fever. The diphtherial exudation was extensive, the constitutional symptoms very grave, and the angina of the most marked type.

To test the remedy in question, I applied it to the left tonsil, which was hypertrophied very considerably, and completely covered with an exudation, having very much the appearance of white chamois skin, soaked in water. In twelve hours, the edges commenced to loosen, and in twelve more, the whole mass was coughed out, leaving a very red and bleeding surface under its former place. This patch measured a line and a half in thickness, and was an inch in length by three-quarters of an inch in breadth. Exudation had commenced to form on the uvula, when the application was made to the tonsil. It soon ceased to spread and was but ephemeral.

In the last case under my care, a girl of thirteen, whom I had attended seven years ago with well marked scarlatina, the exudition involved the tonsils and spread to the uvula after the fourth day. The Bromide of Iodine at once checked the fœtor of breath, and in twenty-four hours caused a complete disappearance of membrane both from the tonsils and uvula.

I spare the details of two other cases, as they were not of such a character as to make a different description necessary.

I submit these facts to the profession, well knowing with what diffidence we should look upon new "discoveries" in the remedial world, and hoping that the true value of Dr. Webb's suggestion may be ascertained in the only proper manner, i. e. by the result of many observations. I should have waited for more than five cases, before presuming to address you ; but as my practice does not furnish me with the great number of patients that some of my medical brethren have encountered, I indulge the hope that their more extended field of observation may enable them to do what I have suggested above.

The topical application that I have employed has consisted of four or five drops of the Bromide, to the fluid ounce of Gum Syrup, well applied to the diphtherial patches, every two hours. There is nothing unpleasant to the taste or smell in the tincture thus prepared, notwithstanding the very disagreeable nature, in both these respects, of the pure liquid. It is well to continue its use, less frequently, until the mucous membrane shall have resumed its normal appearance.—*American Medical Times.*

SURGERY.

PAINFUL AND IRRITABLE ULCERS. By JOHN HILTON, F. R. S.

I promised, Mr. President, to refer to some cases occurring in the practice of a surgeon which shows the good effect of what I call "physiological rest," and as yet I have scarcely had any opportunity of alluding to the subject. The only exemplification of the principle of "physiological rest" as a curative agent which my time will admit of my using is that of the painful irritable ulcer. An irritable ulcer is to be distinguished from an inflamed ulcer, no doubt, by the quantity of lymph which is poured out upon the inflamed ulcer, and the high degree of its temperature. Irritable ulcers, as we know, are exceedingly painful, and sometimes very difficult to cure. As far as I have been able to detect their real essential pathological character, it depends upon the exposure of a nerve on the surface of the ulcer. Of course it is quite clear that every ulcer must have nerves more or less exposed on the surface; but in the case of an irritable ulcer, it seems probable that the sheath of the nerve is destroyed, and that the end of the true nerve-fibre or tubule remains denuded, and so causes the exquisitely sensitive and painful character of the ulcer. Upon this exposure of nerve depends, I believe, the chief feature of what we term an irritable ulcer, and the method of detecting the precise seat of the exposed nerve is very simple. You must understand that my remarks on this subject are founded on an

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experience in such cases of twelve or fourteen years. Having a very painful uninfamed ulcer before you, you apply the blunt end of a common probe upon the sore, and as you move it about, presently the patient exclaims, "Oh! there you hurt me dreadfully." Then you go a little further on with the same method of examination, and scarcely any pain is felt: but on coming back to the same spot, the patient is again "dreadfully hurt." At that painful spot some small nerve is exposed on the surface of the ulcer. The first time I observed this fact, and placed upon it what I believe to be the right interpretation of it, was in a case of a patient who had a thecal bursa extending from the palm of the hand under the annular ligaments to above the wrist. I made an aperture into the bursa above the wrist large enough to let out all the fluid and contents, and the bursal swelling gave me no special trouble, and it was speedily cured; but at the seat of the opening a very irritable painful ulcer remained which I could not cure by any local application. On examining the ulcer with a probe I discovered a point of exquisite tenderness. The normal position of the small palmar branch of the median nerve corresponded with the site of the local sensitiveness, and seemed to explain the pain. I then passed a small pointed bistoury under the track of the nerve above the tender spot, so as to divide the nerve between the spinal marrow and the irritable point of the ulcer; from that time the pain ceased, and the ulcer rapidly healed. It was cured by the "physiological rest" resulting from the division of that little nerve.

Painful Granulations following Injury.—Some long time after the occurrence of this case, I had a patient in Guy's Hospital suffering greatly from an ulcer at the end of the finger, in which it was supposed there was a piece of broken glass, as the original injury was a cut from breaking a window. She had been under the observation of a surgeon, who had tried repeatedly to get out the supposed piece of glass, and had punished her severely, but unintentionally. She came into the hospital, and I thought the case would give me a good opportunity of making a demon-

stration of what I had long deemed to be correct, and taught. On placing the broad end of my own finger upon the ulcer, it gave her exquisite pain; the broad surface of my finger, however, was not a sufficiently accurate localizer of the pain. I then employed the rounded end of a probe, and with great care examined the whole surface of the ulcer by pressure, until I came upon a spot that was exquisitely tender, and produced dreadful pain to the patient. With a pair of scissors, I cut out the painful granulations. Explaining to Dr. Habershon, the Demonstrator of Anatomy at Guy's Hospital, the views I entertained regarding the cause of the painful granulations, I requested him to examine them by the aid of the microscope, and he found in them, and near the surface, as I had expected, looped filaments of nerves, thus completing the demonstration of the cause of the pain. From the time of my cutting away those sensitive granulations the pain ceased, and the sore began to heal; there was no more trouble or difficulty as regards the treatment of the ulcer: it got well by giving it "*physiological rest*."

Exquisitely Painful Ulcer after Injury.—About a year and a half ago, I was requested to see a gentleman's coachman, who, on getting off his box seat, slipped his fingers between the lower bar and his seat, and thus had two of his fingers broken off at the second phalanges. One of them went on rapidly towards healing, and healed very well. The other remained swollen, irritable, very painful to the touch or on exposure to the air, preventing sleep, and producing great constitutional disturbance. We failed to relieve these symptoms by the local and internal employment of opium. This unhealthy condition could not be from any constitutional defect, because one finger did well; nor could it be from the result of any dissimilarity of the original injury, for they were precisely alike. With the surgeon in attendance, I made a careful examination of the part; and when I placed the end of a probe towards the edge of the ulcer, upon the finger, it detected a spot which was exquisitely tender, and the patient screamed out, "Oh, pray, for God's sake, cover it over! I can't stand it." The

position of this pain was in the course of one of the lacerated digital nerves. I passed a pointed bistoury under the nerve, about one-fourth of an inch above its exposed portion upon the wound, and so divided the nerve. The pain in the ulcer immediately ceased, and the touch of the probe caused no uneasiness. From that time all the local symptoms rapidly improved, and the case gave no further trouble, being quickly cured by "physiological rest."

These cases prove distinctly that an ulcer may be very much modified in its character from the exposure of a nerve in the wound.

I mentioned this subject to my colleague, Mr. Cock, some time ago, and shortly afterwards he had an opportunity of testing the value of the observation. He recognized the condition of such an ulcer as that I have referred to, and divided the exposed nerve; the patient lost the pain, and the ulcer quickly assumed a healthy character and got well.—*London Lancet*.

A NEW OPERATION FOR THE RADICAL CURE OF HERNIA.

By J. J. CHISHOLM, M. D., Professor of Surgery in the Medical College of South Carolina. Reported by H. BAER, Student of Medicine.

Few subjects have engaged so much attention within the last few years, both among European and American surgeons, as this of the "Radical Cure of Hernia." This is due, doubtless, both to the exceeding frequency of this disagreeable condition, as also to the various methods recently proposed for effecting such a cure. Gerdy, among modern surgeons, led the way; Wützer, Rothmund, Schuh, Langenbeck, and others, improved upon his method. All these operations propose to effect the cure by inserting a plug into the inguinal canal, and by the irritation thus produced, to excite sufficient inflammation in its coverings, to obstruct, if not to occlude this canal. Each new operation, in its turn, claimed the most splendid results. The

successful cases were published by hundreds ; but the thousands of failures were unheard of. This was doubtless owing to the fact, that these results were always published soon after the operation ; too early to decide positively, whether they would be permanent or not, for the deposit of lymph forming the adhesive bands is very apt to be absorbed, and upon any unusual muscular exertion or "strain," the hernial protrusion reappears, very much to the dismay both of patient and surgeon. Indeed, we may not venture too far in asserting, that the successful cures are, perhaps, generally, cases where the lesion is of recent occurrence, or in individuals but little exposed to undue muscular exertion, and who would find sufficient relief and protection from a good truss. Wutzer's operation is applicable only in recent, small, oblique hernia ; and where we can select our cases, we perhaps may be rewarded with a success of fifty per cent ; but in average cases, failure is the rule, and a radical cure the exception. Nor is this all ; for in many cases of failure after this operation, we have the canal more dilated than before, and hence a greater hernial protrusion. This operation, and the principle upon which it is based, are now generally discarded, owing to the fact that Mr. Wood, of London, some two years ago, discovered and published a new and far superior method for effecting the same end. He makes a small subcutaneous incision in the upper and anterior portion of the scrotum, dissects the fascia, and invaginates it into the inguinal canal, then passing a needle with thick thread through three points in the canal, viz. the conjoined tendon, the triangular fascia, and the external pillar of the ring close to Poupart's ligament. The ends of the ligature are left in the two former punctures, and a central loop in the latter, passing through the pillars of the external ring, and through the same opening in the skin of the groin. A compress of glass or wood is then tied firmly upon the axis of the canal, by passing the ends of the ligature through the loop, and tying over the compress. The advantages of this operation over all its predecessors are obvious, and its success is in a high degree encouraging. It is adapted to

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inguinal hernia of every variety, large and small, old and recent, direct or oblique. Even in case of failure, the patient would be in a better condition than before the operation.

Dr. Chisholm, Professor of Surgery in the Medical College of South Carolina, after seeing Dr. Wood operate in June, 1859, thinking that the incision in the skin was unnecessary (as the invagination of the fascia alone did not obviate the objection Mr. Wood expected to meet by this process, viz. the prevention of any dragging upon the invaginated scrotum,) modified that operation, first, by invaginating *without* incision, as in Wützer's; and secondly, by only making two punctures instead of three, Dr. Chisholm believed that a single loop passed from without through the two columns would be sufficient to obliterate the ring, and keep the columns in apposition, until the lymph effused in the site of the thread would cause adhesion, and permanent obliteration of the ring, restoring the external oblique to its primitive condition, before its fibres had been forced asunder by the protruding body. The first case operated upon in this manner was in November 18, 1859, and the operation has been often since repeated, both by himself and others in this city, with the best results. Dr. Chisholm published this operation in the Charleston Medical Journal for May, 1860. In the London Medical Times and Gazette for February 4, 1860, two cases are reported by Messrs. Curling and Ferguson, adopting nearly the same modification upon Wood as this of Dr. Chisholm. The honor of priority, however, belongs to the American surgeon, Dr. C. having operated Nov. 18, Mr. Curling Dec. 1, and Mr. Ferguson Dec. 17, 1860. Other modifications of this operation have since been suggested, but of minor importance, such as the different curves of the needles employed, the clamp upon which the ligature is fastened externally, as also the material used for the suture. Although Wood's operation is a great improvement upon all previously devised, it still has its disadvantages. Even if we overlook the incision which complicates the operation and would deter many from availing themselves of its

advantages, we still have the length of time necessary to keep the patient in bed—not less than from twenty to thirty days; after that, a truss has to be worn for a considerable period, to counteract any undue pressure upon the recent inflammatory agglutinations. The suppuration from the sutures, and the continuous pain connected with the inflammation, are likewise disadvantages. These, and other considerations, have induced Dr. Chisholm not to rest satisfied with the successes gained, even by his modification of Wood's operation, but to add a still greater improvement simplifying the entire procedure, and obviating nearly all the objections which have been, or may be urged to Wood's.

The new operation is as follows:

The scrotum having been invaginated upon the finger, as the only mode of guiding the needle in its passage—a long strong curved needle, fixed firmly in a handle, and armed with silver wire, guided by the finger, transfixes the scrotum at the apex of the invaginated portion, passes through the internal column, and appears through the skin of the abdomen, when one end of the wire is drawn out. The point of the needle is then drawn backwards, and disappears again in the canal. Its direction is then changed. Whilst still imbedded in the scrotum, and guided upon the finger, its point is made to traverse the external column of the ring near Poupart's ligament, lifting the skin of the abdomen. By gliding the skin upon the needle, the point appears through the small puncture made by the first passage of the needle; when the other end of the wire is seized, the needle is unarmed and withdrawn through the scrotum.

The finger is now removed from the canal, and the two ends of the wire being drawn upon the loop dissect the cellular tissue up to the columns, which it hugs closely. By twisting the two ends of the wire the columns are felt approaching, until they are brought in such close apposition as to allow nothing to pass between them—the spermatic cord, in its exit, filling up all the available space remaining of the ring. When the ring is felt closed, the twisted wire is drawn firmly outwards, and clipped off as

close as possible to the skin, so that when the traction on the skin of the abdomen is removed, the gliding back of the integuments to their normal position conceals completely the ends of the small loop of silver wire. The scrotum has already fallen back to its pendant position, and the only trace of an operation having been performed is in the two small punctures, one in the scrotum, the other in the abdomen, which require a careful search to find them, and which will heal up in a few hours, hermetically incarcerating the silver wire.

A moderate inflammation follows this operation, without much swelling or pain, and without any fear of suppuration. The wire is soon embedded in a lymph deposit, which will not only inclose it, thus isolating it from the tissues, but at the same time agglutinates the columns together as an additional security to the success of the operation. The patient is kept quiet in bed for four or five days, until the inflammatory stage passes; opium having been given to insure rest, and prevent any action on the bowels. When the inflammatory stage has passed, a cathartic is administered, and the patient can quit the bed, and in a few days resume his occupations. The silver wire remains as a permanent application. An essential element in the success of the operation is that the loop encircles the columns of the ring near their points of attachment to the pelvis; otherwise the columns cannot be approached, the ring remains open, and the results can only be negative. If this step of the operation be carefully followed, a radical cure may nearly be guaranteed.

The advantages of the operation are as follows: the patient is not detained in bed on his back for three or four weeks, as in Wood's or in Wutzer's. No excess of inflammation is to be apprehended. No subsequent use of a truss is required, and there is no fear of a return of the rupture from the giving way of the recently formed but still delicate adhesion through any undue muscular effort on the part of the patient, for the reliance is upon the silver bond—the surgeon having provided his patient with a never-failing silver truss. The operation is applicable to

hernia of every character. When the protrusion is large, and the ring voluminous, several points of suture might be applied, through the same puncture in the scrotum and skin of abdomen, taking advantage of the facility of gliding these integuments over any portion of the external abdominal ring.

The objections which may be urged against this operation will probably be, that the silver wire will always act as a foreign substance; but from the experience of Drs. Sims, Simpson, Moffatt, and others, we may assume that this is not the case; and from experience in its application in hernial operations, we know that it can remain harmlessly imbedded in the tissues for any length of time. Of course, flax or silk sutures cannot be used in this subcutaneous operation. Another objection perhaps may be, that the cut-off twist of the wire will irritate and ulcerate the skin. But this has not been found so, for the skin here is very loose, and therefore not so liable to be injured by a small foreign body beneath it; and we have every reason to believe that a deposit will soon encase it, and render it permanently innocuous. These views were first practically carried out upon the living subject, Nov. 17, 1860, at the surgical clinique, in the presence of the class and a number of professional gentlemen. Three cases have since been operated upon. And as hernia are exceedingly common lesions among the laboring negro population of the southern states, and as the carelessness of this class of people renders the advantages of a truss nugatory, ample opportunity will be afforded of testing in time the validity and superiority of this operation over all other modes of radically curing inguinal hernia.—*Medical Times*.

TREATMENT OF HÆMORRHOIDS, BY M. NELATON.—The Professor, in a recent clinical lecture, makes the following remarks:

“I was sometime since a great partisan of the actual cautery in hæmorrhoids, at least since it could be employed

under conditions formerly impossible. In fact, nothing can be more painful than its application. I have seen cauterization employed many times by Dupuytren, who first excised the tumor and then cauterized; but so terrible were the sufferings of the patients, that I could scarcely have made up my mind to have recourse to it, had not the means of preventing pain by chloroform been discovered. I have since then frequently had recourse to cauterization with the best results; and if I do not employ it now, it is because we have at our disposition another operative procedure, which is just as good, and which is not painful either during or after its application. I mean *ecrasement lincaire*. It is usually unattended with hemorrhage; and when, as is sometimes the case, there is a certain amount of bleeding, this may at once be arrested by a powerful hemostatic, the perchloride of iron. The union of these two means, then, constitutes an excellent method for the ablation of hæmorrhoids.

“One word about ligatures. All surgeons at the end of the last century and the beginning of the present were very fearful of applying them, owing to an instance of fatal hemorrhage which occurred after the application of the ligature by J. L. Petit. I believe I am right in affirming, guided by the case related by Amussat, and by those which have occurred in my own practice, that these surgeons entertained the most erroneous notions concerning the results of the ligature employed for hæmorrhoids. It is an excellent operation, by means of which patients may be cured in eight or ten days without any accident; and, indeed, I may place it on the same line with *ecrasement lincaire*. The latter has, however, the indubitable advantage of causing the fall of the tumor within a few minutes, although perhaps it offers somewhat less security against hemorrhage.

“There is one thing to be well borne in mind, viz., that all these operations practised in the vicinity of the anus, however simple they may be in appearance, may terminate in a fatal manner. This is a powerful motive for insisting as long as possible on palliative treatment, only per-

forming an operation as a last resort. Quite recently, one of our leading surgeons applied a small portion of Vienna caustic to a hæmorrhoidal tumor, and the patient was dead next day; while in another case, an incision made into a fistula scarcely a centimetre in length, was followed in a few days by fatal purulent infection. I was myself consulted some years since by a man who having acquired great wealth, complained bitterly of not being able to enjoy it in consequence of a hæmorrhoidal tumor. I advised him to bear with it, but some time after abundant hæmorrhages having come on, he entreated its removal. He manifested all the signs of complete anæmia. He did not suffer during the operation, but scarcely had he recovered consciousness when he complained exceedingly. I appeased the pain and all seemed doing well, when on the sixteenth day violent shivering ushered in purulent infection and he died. The conclusion to be drawn from all this is, that you should never operate except when you can not possibly avoid doing so, since when you least suspect it you may meet with sinister events similar to those just adverted to.

“One more word with respect to *ecrasement lineaire*. This operation has during some time been frequently resorted to; and it is for this description of tumor it is perhaps best adapted. But I ought to inform you that in most cases the operation is badly executed. For a short time after its performance the patients are delighted, and the surgeon believes that he has attained a splendid result; but in the course of a few months the cicatricial tissue contracts, and the patients suffer from an anal stricture. During about a twelve-month I have had a great number of patients, who have come to me in order to undergo an operation for the relief of this unfortunate consequence of removal of hæmorrhoidal tumors—the stricture sometimes scarcely admitting the passage of a quill. It has arisen because not only the mucous projection which alone constitutes the disease has been removed, but also a more or less considerable portion of the skin of the orifice of the anus.”—*Brit. & For. Med. Chir. Review*.

PHYSIOLOGY.

PHYSIOLOGICAL EXPERIMENTS ON THE TRANSMISSION OF SENSIBILITY AND OF MOVEMENT IN THE SPINAL CORD. By M. VAN KEMPEN.

From a set of numerous experiments on different classes of animals, M. Van Kempen draws the following general conclusions:

1. That in vertebrate animals, the transmission of voluntary movement is *direct* in each half of the spinal cord, and that it is in part *crossed* in the cervical region.

2. That the transmission of sensibility in the spinal cord is *crossed* in the whole length of this organ.—*Journal de Physiologie*.

ON THE CROSS ACTIONS OF THE SPINAL CORD. By A. VON BEZOLD (*Zeitschr. für wissen, Zool.* ix.)

From an extended inquiry on different classes of animals, Bezold concludes that the transmission of voluntary movements is direct, that the vaso-motor fibres also pursue a direct course, and, in regard to sensitive fibres, though he does not express a positive opinion, he is inclined to believe that they do not decussate in the cord.—*Henle und Meissners Bericht*.

CRITICAL AND EXPERIMENTAL RESEARCHES ON THE FUNCTION OF THE BRAIN. By R. WAGNER.

After destruction of the surface of the cerebellum in pigeons, Wagner observed that there was a tendency to atrophy and absorption of the white matter, which might go on to entire disappearance of the cerebellum down to the grey nuclei of the cerebral peduncles (the analogues of the corpora dentata cerebelli.) Small losses of substance, or removal of superficial slices of the cerebellum, with pro-

tection of the deep, anterior, posterior, and lateral convolutions, a loss of substance of 70-80 mgrm., often produced no disturbance at all, provided that tearing (*zerrungen*) was as much as possible avoided. When destruction of deeper parts was effected, disturbances in movement occurred, which, however, disappeared after a time, ranging from hours to days. Wagner (as also Schiff) believes that this disturbance of the "co-ordination of movement" is not dependent on the cerebellar loss of substance, but upon the tearing of more deeply situated parts, in the performance of the operation. When he succeeded in keeping alive, for weeks or months, pigeons whose cerebellums were completely or in great measure destroyed, Wagner observed three phenomena, viz: an increasing tendency of the posterior extremities to extension, which was made particularly manifest in a reflectory manner, just as in strychnine poisoning; further, an increasing contortion of the head and neck, so that the latter describes a spiral; lastly, a peculiar quivering of the greatest part of the muscular system, resembling paralysis agitans, and increased on touching the animal. After deep injury of the cerebellum, vomiting was a frequent symptom, also thin watery fæces. Both of these symptoms also occur in deep injury of other parts of the brain. Digestion is by no means quite suspended after deep injury of the cerebellum, but goes on more slowly and imperfectly. In regard to other general disturbances, of nutrition, of the activity of the skin, heat, etc., Wagner feels doubtful if they depend directly upon the injury of the cerebellum, but holds it as probable that a part of the vaso-motory nerves is represented in that organ. As to the generative system, Wagner could observe no influence of the cerebellar injuries upon it.

In mammals Wagner found confirmed the fact, that mechanical irritations of the cerebellum call forth movements in the organs of the vegetative sphere, in the stomach, intestines, urinary, and sexual organs, also changes in the heart movements. Wagner, from his clinical experience and knowledge of diseases or injuries of the cerebellum,

observes that disturbance of equipoise and imperfect staggering motion occur frequently in men with diseased or deficient cerebellums. Further, that rotatory movement may also be observed in such cases. Amongst the most frequent symptoms are paralysis of motion in the extremities, generally in those of the opposite half of the body, or paralysis on both sides. It is questionable if these paralytic affections are due to the cerebellar lesion, or are the consequence of pressure on other parts. Paralysis of sensation does not occur, but cramps of the extremities and epileptic symptoms do,—the first in cases of further complication, the last after various injuries of the brain; also, general or partial quivering. Vomiting of a periodic character, and symptoms of disturbed digestion, are very frequently present. Disturbances of sensibility, pains, particularly in the posterior parts of the head and neck, Wagner recognizes as the most constant symptoms of diseases of the cerebellum. On the whole, he finds a great agreement between the symptoms in man, in other mammalia, and in birds, in regard to the cerebellum, which may therefore be considered as a physiological equivalent in warm-blooded animals, without any detriment to the modifications founded upon particular relations of organization.—*Zeitschr. für rationelle Medicin, and Edinburg Med. Journal.*

CHEMICAL AND PHYSIOLOGICAL STUDIES ON BONES.—The following are the results of a remarkable treatise on this subject presented to the Paris faculty by Mr. MILNE-EDWARDS:

“1. The substance of the bones results from the combination of *ostein* with the salts of lime.

“2. Gelatin can form a particular chemical combination with the basic phosphate of lime.

“3. It is this chemical compound which appears to form the bony tissue.

"4. The carbonate of lime present appears for the greater part only as a product of the decomposition of the phosphate, brought on by the fluids of the organism.

"5. The variations met with in the relative proportions of the phosphate and carbonate of lime depend first on the length of time during which they have undergone a nutritive decomposition; and secondly, on the equilibrium maintained between the rapidity of this decomposition and the resalorption of the compounds produced.

"6. In the child the proportion of carbonate of lime is less considerable than in the adult and aged.

"7. Bones which must be considered of recent formation, such as callus, &c., are less rich in carbonate of lime than those which have arrived at their perfect development.

"8. The spongy tissue, which is undergoing the process of resalorption, is richer in carbonate than the compact tissue.

"9. In children the proportion of earthy matter is not so great as in the adult; but this difference does not appear to depend upon a disparity in the nature of the osseous substance, and to keep itself en rapport with the proportion of that substance to that of the vessels.

"10. Diet and hygiene can make a sensible impression in the composition of the bones. Dogs under a succulent or sweetened diet present less earthy matter, and especially less carbonate of lime, than those fed on meat and fat exclusively, while both take up various quantities of phosphate.

"11. The arrest of the circulation of blood appears to have no influence upon the chemical composition of the bones.

"12. The diversity existing in the composition of bones of individuals belonging to one and the same species is often greater than if compared with that of animals from a different zoological group.

"13. Contrary to the assertions of M. Al. Friedleben, it must be assumed that chondrin and gelatin are two different substances."—*Amer. Drug. Circular.*

LECTURE ON "SALT AND OTHER MINERAL CONSTITUENTS OF FOOD," delivered at the South Kensington Museum, London, by EDWIN LANCASTER, M. D., F. R. S.

The following extract from a highly interesting and instructive lecture on this subject (*Ibid*, January) will serve to show the absolute necessity of keeping the system fully supplied with a due proportion of its mineral elements as well as its organic constituents, in order to thus insure the normal nutrition and development of all the various tissues of the body, and preserve as well as restore, when lost, the healthy integrity of the several parts and of the whole economy.

"To-day, according to the announcement in the prospectus, I wish to bring before you what I have called the Mineral Constituents of our Food, to which, generally speaking, we attach very little importance. Persons who prepare our food—cooks in the kitchen, ladies who superintend cooks and order dinners for large families, and people who consume food from day to day—never think of asking whether food contains mineral constituents in the right proportions to secure health, and without which babies get rickets, young ladies get curved spines, fathers get gouty, and mothers get palpitations; and they do not think of ascribing these to the food which has deprived them of the proper mineral constituents. I think I can show you that the importance of this consideration can hardly be overrated.

"In order to illustrate the importance of these things, I must show you the elementary constitution of human beings. Suppose we take a human being, put him in a retort, and apply heat to him; we shall find that, first, 111 lbs. of water will actually rise up from a body weighing 154 lbs.; and the next thing that comes off will be carbonic acid gas; then there will be ammonia; and then you might get a little sulphureted hydrogen and phosphureted hydrogen, and gases of that sort; but you will at last get a quantity of ashes. Now, in the water you get the oxygen and the hydrogen. In the carbonic acid gas you get carbon

and oxygen, and in the ammonia you get nitrogen and hydrogen. In the ashes which are left we get phosphate of lime, carbonate of lime, fluoride of calcium, chloride of sodium, sulphate of soda, carbonate of soda, phosphate of potash, sulphate of potash, peroxide of iron, phosphate of iron, phosphate of magnesia, and silica. These are the things of which I shall have to talk to you to-day, without which we cannot live. And if you will persist in having only refined sugar and the whitest flour, rejecting the brown; if you will persist in rejecting the salt and avoiding the liquor in which meat is boiled, you may get albumen and fibrin, but none of these mineral substances; and then the first attack of fever or cold may prove fatal. Four men shall be traveling outside of an omnibus—one may get acute inflammation of the lungs, another bronchitis, and the other two shall come off free. Was it the riding outside of the omnibus that did it? No: it was the state of their blood. They had lived somehow irregularly. So you may find half a dozen children all exposed to the contagion of scarlet fever; two take it, one dies, and the other four are free; but the two that have caught it have lived in such a way that their blood has readily taken in the contagious disease; and the one that has died has got in such a condition as to produce death. Hence the importance of attending to these subjects thoroughly—not getting a little knowledge of them, but a knowledge of what is necessary to the feeding of men. If not, we shall somehow or other suffer.”—*Dental Cosmos*.

OBSTETRICS.

ABNORMAL CONTRACTION OF THE MUSCULAR FIBRES OF THE UTERUS BEFORE DELIVERY OF THE FÆTUS. By WILLIAM HENRY CHURCH, M. D., Surgeon to Bellevue Hospital.

I was called to Mrs. B. on the morning of August 19th, 1859, at one o'clock, whom I found in labor with her fourth child. She progressed favorably until eight o'clock,

A. M., after which time no further progress was made. At ten o'clock, after two or three severe pains, she was seized with a convulsion, membranes ruptured, and the os dilated to the size of a silver dollar. I was now satisfied that something should be done to relieve her. Told her sister that I must have another physician, and to send for whomsoever she chose. She said that Dr. Webb was waiting at his office to hear from her, when I requested that he might be sent for. He promptly came, and we at once determined to use forceps. Upon applying them the head could not be advanced in the slightest degree. After consultation, the patient having become partially restored to consciousness, we determined to administer chloroform and perforate. When the size of the head was reduced so that the hand could be introduced into the cavity of the uterus, a firm contraction of the muscular fibres of that organ about the neck of the child was discovered—thus retaining the body and extremities in the upper part of the womb—and it was beyond our power to draw them through the stricture; consequently we determined to bring down the feet and turn. Under ordinary circumstances every one who has performed the operation, knows how difficult it is to perform the operation of version; but in addition we here had a stricture at the middle of the uterus to contend with—a frightful complication to the ordinary operation. After two hours of hard work we succeeded in turning and delivering the child, but the patient was so far exhausted by loss of blood and the shock to the nervous system that she died in an hour.

Mrs. B. several times told me she was satisfied beyond a doubt that she had passed the natural period two weeks, suffering frequently during the two weeks with pains simulative of labor pains.

Since writing the above, my attention has been called by Dr. Webb to page 436, vol. 1st, of Simpson's *Obstetric Works*, where he says: "The late Dr. Campbell, shortly before his death, had told him of a case where there was no pelvic or other deformity on the part of the mother, no want of uterine contraction, and no disproportionate size of

the head of the child, and yet he and others had entirely failed in extracting the detained infant by the forceps, and at last were obliged to open its head." "At the same meeting Dr. Simpson observed, that sometimes in women who had previously borne a large family, a cause of obstruction might exist in a late labor, not on the part of the child, as was generally the fact, but on the part of the uterus. Last summer he saw, with Dr. Skea, a case of this kind, where the source of detention was a firm and contracted circular band of the uterus around the site of the neck of the child. A patient who had had a large family and easy labors, complained of a feeling of tightness across the lower part of the abdomen, during the last three months of her last gestation. Dilatation of the os uteri did not seem actually to begin until the patient had been suffering at least forty-eight hours from labor pains. Nor could the head be detected as the presenting part for nearly twenty-four hours longer. For several hours more, the patient continued suffering apparently from severe labor pains, during which the head descended to the brim, but never entered it. Œdema of the os uteri now showed itself, and the strength of the patient began to flag. Dr. Skea sent for Dr. Simpson, and after the patient was placed under a full dose of chloroform, the cause of obstruction was found to depend on the presence of a rigid stricture, situated in the lower third of the uterus, upon which rested the shoulders of the foetus. After administering 120 drops of Sol. Mur. Morphiæ, and keeping her pretty deeply under the influence of chloroform for two hours, it was found that no material relaxation of the stricture had taken place, to admit of turning without endangering the integrity of the uterine walls. It was feared that craniotomy might be ultimately necessary; but employment of the long forceps was first resolved upon, notwithstanding the unusual difficulty of applying them so high up, as necessarily to require their being locked within the vagina. Dr. Simpson however, succeeded readily in applying them, and accomplished delivery in some fifteen or twenty minutes, by dragging the shoulders of the foetus through the strictures."—*Medical Times*.

SHORTNESS OF THE UMBILICAL CORD. By M. DEVILLERS, of Paris.

M. Devillers, in his lecture on this subject before the Academy of Medicine, offers the following signs as indicating this condition prior to delivery :

A sudden decrease or cessation of the motions of the foetus at a period approaching the end of gestation, in accidental shortening, or less extended movements during a great part of pregnancy, and especially near its termination, in natural shortening.

Occasional premature uterine pains.

Continued elevation of the fundus of the uterus at the moment of labor, and in females in whom the pelvis is well formed, and the infant presents in a normal manner.

During the whole labor, a tension, a rigidity of the walls of the uterus, even between the pains, and until the expulsion of the foetus. Sometimes a pain felt at a fixed point in the fundus at the moment of contraction. The presence of the umbilical sound on one or more points of the surface of the uterus, above all, after the rupture of the membranes, but only in cases of accidental shortening.

Often a slow progress of the labor with successive feeble uterine contractions in the case of very decided shortening, without any other apparent cause. Terminal pains very perceptible, and as if repressed in the last moments of labor.

Signs of suffering of the foetus at an advanced period of labor, especially when the parts of the foetus are deeply engaged in the pelvis. Often a quick termination of the accouchement, and preceded or accompanied by a slight hemorrhage.

The danger of the natural shortening does not become apparent until the close of labor ; while that of the accidental form is seen sooner, and arises principally from compression of the cord.

Finally, compression is a cause of danger to the infant more frequent than is generally believed.

Relative to the treatment, M. Devillers recommends

frictions with belladonna to the neck of the uterus, with the design of modifying the resistance of the walls and orifice of the uterus ; and also that the physician may seek to disengage or relax the cord ; or, if that is not practicable, to cut it, and finish the accouchement as quickly as possible. He rejects *version* as irrational and dangerous, and prefers the forceps.—(*Gazette Médicale* ;) *Med. Chur. Review*.

THE PLACENTA AND MEMBRANES IN TWIN PREGNANCIES. By
DR. SPAETH, of Vienna.

The statistics of Dr. Spaeth cover 126 cases, in 49 of which each child had a distinct placenta, chorion, and amnion ; in 46, the placenta were united, but the chorion and amnion of each were distinct ; in 28 the placenta were united, and but one chorion existed, but each had a separate amnion ; in 2, the placenta were united, and there was but one chorion and amnion. In cases of united placenta, frequently the line of junction was indicated by a depression on the concave surface and by scanty deposits of fibrin. Even in cases of single chorion the dividing line was present. In no case where the chorion was single, was there the slightest indication of a fusion having occurred between two distinct membranes. At the level of the line which separated one amnion from the other, the chorion was always perfectly smooth, without thickening or depression. Where each chorion was distinct, but the placenta united, the vessels were always independent and presented no anastomoses. But in two cases where the amnion was single, vascular communication existed between the two placenta ; in 17 of the 28 cases where a single chorion enveloped two amniotic membranes, vascular connection was found between the placenta. These anastomoses were formed by large branches placed superficially on the inner face of the placenta. Hence, in the majority of cases where the placenta are united, and where

the chorion is single, there is free communication between the vascular system of the two placentae. The anastomoses occur sometimes from vein to vein, and sometimes from vein to artery. In one case an anastomosis existed between an artery of one fœtus and a vein of another.—(*Zeitschrift der Gesellschaft der Aerzte zu Wien*;) *Med. Chir. Review*.

HOW MANY CHILDREN CAN A WOMAN BEAR?—Dr. Szukits says has not yet been satisfactorily answered. He himself has observed two females, each of whom had borne twenty-four children. Osiander (*Handb. d. Entbindungs Kunst*, 1 Theil, 1 Abth. S. 319) mentions one woman who during her married life bore forty-four children, and another who had fifty-three. Burdach (*die Physiol. als. Erfahrungswissenschaft*, 1 Bd. 1826, S. 410) relates that the wife of a countryman in the Moscow district had given birth to sixty-nine children at twenty-seven confinements,—four times, four at one birth, seven times, three, sixteen times, twins. In the year 1809, the Vienna newspapers contained the following announcement:—Maria Anna Helm, the wife of a poor linen weaver in Neulerchenfeld, twenty years married, bore at eleven confinements thirty-two children; twenty-eight living, and four dead; twenty-six were males, and six females; all were begotten by one man, and nursed by herself. She had at her last confinement three children—one living and two dead. Her husband was a twin, she herself one of four. Her mother had produced thirty-eight children, and died during a confinement with twins (Osiander, 516.) Six children seem to be the largest number ever produced at one birth. A perfectly trustworthy instance of this is the following:—The *Schwäb Mercur*, No. 8, S. 22, 1806, contains the following notice:—Ohlau in Silesia, 11 Dec. 1805.—The wife of a chimney-sweep here, named “Döpfer,” was yesterday confined of six children; all were boys, and dead. This woman, who has been twice married, has already given birth to forty-four children. During her first marriage, which lasted

twenty-two years, she bore twenty-seven boys and three girls. In her second marriage, which has lasted but three years, she has bore fourteen children—three at the first, five at the second, and now six at the third confinement (Oslander, 320.)—*Zeitschrift, d. K. K. Gesellschaft d. Aerzte zu Wien*.

OBSERVATIONS UPON FIBROUS POLYPI OF THE UTERUS. By
Dr. C. HABIT.

From the observation of twenty-one cases of fibrous polypi of the uterus, the author has come to certain conclusions regarding them. These growths most commonly appear towards the latter years of sexual life, and especially about the beginning of the climacteric period. Six of the women had never borne children; fifteen had had children, some of which were born naturally, others were brought into the world by artificial means; one woman had had twelve children.

The shortest period of time between the last confinement and the first appearance of the patient, was ten months; in general, however, several years had elapsed. The symptoms first remarked by the patient were disturbances in the menstrual function, followed by leucorrhœa with its usual accompaniments.

In most cases, only one polypus was present; in two cases, there were several of different sizes. The seat of the polypus was most frequently in the back wall of the cavity of the uterus (especially in the case of those which were large and firm). The cervix was only twice affected. They were never met with growing from the circumference of the os externum. With regard to size, the small ones occurred most frequently. They varied from the size of a filbert to that of a man's fist or a child's head. In shape, they were generally pyriform; the small ones were sometimes round or oval. Their surface was generally smooth, as if polished; but was sometimes irregular, owing to local ulcerations, and, in two cases, from extensive sloughing.

Their consistence varied a good deal, as did the length and thickness of the pedicle, which was generally thin in proportion to its length, especially in the case of the small polypi. In six cases only, did the thickness of the pedicle amount to an inch or upwards; in one case, the polypus had two roots. The uterus was always notably enlarged, in the condition of chronic inflammation. Perimetritis occurred pretty frequently.

The diagnosis was, in general, readily established by means of a vaginal examination. In fourteen cases the polypus had descended into the vagina, and in only two of these cases did the diagnosis present any difficulty. In one case, the lower surface of the polypus was so fissured, that at first it was taken for a portion of the vagina, affected with soft cancer. The finding of the pedicle, and the drawing of the swelling through the smooth, regular os uteri, corrected the first diagnosis. In the second case, a fibroid tumour, of the size of an orange, growing from the fundus of the uterus, had passed through the os into the vagina; and, by powerful traction, was brought outside the external genitals, by which an inversion of the uterus was produced. The large swelling was removed with the knife, and the next day, the remainder, which was supposed to be the thick pedicle of a uterine polypus, but which was really the inverted body of the uterus, was cut off with scissors. The peritoneal cavity was thereby opened into, and the patient died twenty-four hours afterwards. A neglect to trace up the supposed pedicle, and to make out the exact seat of the polypus by means of the uterine sound, occasioned this error in diagnosis.

Of the twenty-one cases, fourteen were operated upon—eleven by cutting, one by torsion, and two by ligature. In ten of the first set, polypus scissors were employed; in the eleventh, the thimble instrument of Mickschik. Four of these operated on by the first method, died, as also did the one operated on by Mickschik's method.

According to Dr. Habit, we should not operate unless the symptoms are very urgent, until the polypus has emerged from the uterus, and then by means of excision,

if the pedicle be not thicker than the finger; whilst, if the polypus be within the uterus, if its size be large and its pedicle thick, the ligature should be employed. In cutting off a thick pedicle, the blade of the instrument may readily wound the uterus, and the subsequent suppuration readily give rise to uterine phlebitis and pyæmia. Ecrasement and the use of galvano caustics are superfluous in the case of the small polypi, and should not supersede the ligature in the case of large ones; for the prevention of bleeding, which is the great recommendation of ecrasement, is even more certainly attained by means of the ligature.

After the extirpation of a uterine polypus, its recurrence is not to be apprehended.—*Zeitschrift d. Gesell d. Aerzte zu Wien*, No. 12, 1860.

SINGULAR INCIDENT.—We were much struck with the following case of death from a meteor, which is we believe the fourth on record. Two men travelling in France took refuge for the night in a barn. In the morning one was found dead, with a severe wound on the head, caused by a rock which had been thrown at him, and which was found covered with blood. The other was seized and accused of quarrelling and murder. He vehemently protested his innocence, and insisted that during the violent storm of the night a thunderbolt had fallen from Heaven and killed his comrade. The justice regarded this as “gammon,” and pronounced him guilty of murder, condemning him to death. A man of science, however, hearing the tale, visited the spot, found a hole in the roof of the barn, examined the rock, which proved to be an ærolite, and established the innocence of the accused. Truly we are always surrounded by terrible dangers that we dream not of.—*Nashville Journal of Medicine*.

DR. R. W. GIBBES has been appointed by the Governor, Surgeon-General to the republic of South Carolina, and he has appointed Drs. Peyre Porcher and J. J. Chisholm, Surgeons to the late United States Marine Hospital, now belonging to South Carolina.

Editorials and Miscellaneous Matters.

PEACE.

It will be perceived that we have selected for this JOURNAL a motto which inculcates a most appropriate lesson for the times. A single glance at the present condition of the country will confirm the truth of this remark. The southern horizon is black with the clouds of war, and ever and anon there comes from the North the hoarse murmurs of an opposing tempest. The roar of cannon has been heard within our borders, and bayonets are bristling in imposing but dread significance alike upon the rocky shores of New England and amid the sunny fields of the Cotton States. The capital itself resounds with the tread of armed legions, and the *réveillé* beats within the hallowed precincts of the Senate house. And men, in whose veins flow consanguine currents, whose past history is pregnant with the same glorious associations, and whose hopes and fortunes are involved in a common destiny, seem bent upon a conflict whose every victory must prove to the aggressor a most damning disgrace, and whose history will be illustrated by such pictures of blood and carnage as must appal posterity through all coming time.

It has been well said, that men never properly appreciate health until it has been lost, and so nations are incapable of estimating the value of "Peace" until they have appealed to the arbitrament of the sword. Then, when trade is paralyzed, when commerce languishes, when national credit is lost and universal bankruptcy ensues, when poverty and misery wear their most frightful vestments, and when woman in her loneliness, and childhood in its destitution calls forth the sympathetic tear from the dryest of human fountains, under such circumstances as these, the sober second thought will assert the supremacy, bringing with it an utter contempt for the gilded but gory trap-

pings with which war seduces its votaries, engendering the most bitter regrets that passion and prejudice should have so drowned the voice of reason and religion, and awaking ardent longings for the return of those brighter and better days when

"Every man shall eat in safety,
Under his own vine, what he plants; and sing
The merry songs of peace to all his neighbors."

Though not actually in the midst of the horrors of war, we are evidently upon the verge of it. Though not really engaged in the conflict, we seem to be actively preparing for that dread alternative. Though the country has not been startled by the clash of opposing armies, yet a state of agitation and excitement exists, which has paralyzed business, injured credit, and crippled science in all its departments, and which is but too probably the precursor of a bloody and protracted fight.

In such an emergency as this, it becomes every man who occupies a position of responsibility to raise his voice in behalf of "Peace," to point to the blessings it confers, and to describe the horrors which its sacrifice must inevitably entail even upon millions yet unborn. Prompted then by a sense of public duty, we inscribe "Peace" upon our banner, and conjure all men of every creed and locality, to pause, to deliberate, to think well of their responsibilities, before they presume to deluge this land in blood, before they dare to sacrifice upon the altar of party or of passion the lives, the liberties and the happiness of a once fraternal people.

In the name of that Religion which proclaims "peace and good will to all mankind" as its cardinal principle, we protest against the rashness and criminality of those who seek to bind discordant States together with "the faggot and the sword," and who impiously invoke the blessing of Heaven upon their efforts to subjugate, to humiliate, and to destroy their own unoffending brethren.

And, in behalf of Science, whose votaries have contributed so much to the material prosperity of the whole country, and whose broad domain knows no geographical

lines or sectional divisions, we raise our voice in opposition to those who would overthrow her altars, destroy her temples, divide her children, and make her subservient to their most unholy purposes of rapine, conflagration and murder.

The medical profession is conservative and liberal. Its influence has always been upon the side of right and justice. Its proudest privilege has been to advance religion, to cultivate humanity, and to foster science. In these perilous times, let it remain faithful to its ancient principles! Let it frown down the unholy efforts of partisans and traitors to involve us in intestine war! Let us join with the "good and true" of all other callings in inculcating the lesson of *peace*,—*peace* united or divided,—*peace* in the Union or out of the Union,—perpetual *peace* under all circumstances and to every section.

We do not preach submission, but counsel justice and forbearance.

DEATH OF DR. JOHN W. FRANCIS.—It is with unfeigned regret, that we chronicle the death of this great and good man. The Profession has indeed lost a noble member—society an ornament, and humanity a friend. Full of years and honors, beloved by multitudes of his countrymen, respected by the wisest of other lands, and with a conscience void of reproach, he has gone to his last account to receive the reward which Heaven reserves for a life of usefulness and kindly deeds. Peace to his ashes! Honor to his memory! May his noble example find an admirer and imitator in every member of the Profession!

To others more competent than ourselves belongs the task of writing an appropriate eulogy. We can only say, that he was *our friend*, and that though his death may indeed be a national calamity, to us it is a personal and a poignant sorrow. When shall we see his like again?

"None knew him but to love him,
None named him but to praise!"

THANKS.—Though our enterprise was undertaken at an inauspicious time, and under many disadvantages, we are proud to be able to state, that it has already met with the most decided and substantial encouragement. Old friends have rallied manfully to its support, and new ones have entered the lists in its behalf to an extent that is most grateful and gratifying to our heart. Already a vista opens before us in the future, through which we discern the complete triumph of the Baltimore Journal of Medicine, such a triumph as fully compensates for all the trials which attended its inception, and far surpasses our most sanguine hopes. To those who have so kindly and warmly sustained this enterprise, we return our sincere thanks, assuring them that their friendship is fully appreciated, and promising in return to make the Journal more worthy of their generous patronage. To those Editors and Publishers, who have remembered us in the distribution of their favors, and particularly to Messrs. Lindsay & Blakiston, of Philadelphia, J. B. Lippincott & Co., of the same city, and Messrs. Wood, of New York, we feel under many obligations.

UNIVERSITY OF MARYLAND.—The present session of this Institution will close on the 2d inst. From the catalogue, which is now before us, we find that there are 150 Matriculates in attendance upon the lectures. Of these, 115 are from Maryland, 13 from Virginia, 9 from North Carolina, 1 from Alabama, 1 from Florida, 1 from Bermuda, 7 from Pennsylvania, 2 from District of Columbia, and 1 from Ireland. There have been 384 Patients received into the Medical department of the Infirmary, and 338 cases treated in the Surgical wards. The next session will begin on the 14th of October, 1861, and terminate on the 1st of March, 1862, making a course of four months and a half, which is sufficiently long for all practical purposes. The circular sets forth the fact, that no pains have been spared to illustrate the various departments with that amplitude and exactness which the necessities of the times demand. So likewise are the clinical advantages of the school made suf-

ficiently patent ; and in this particular, we do not hesitate to say, the University of Maryland can compare favorably with any school in the country.

The present session has been a successful one—satisfactory we hope to all parties ; and we venture to predict for the school still greater prosperity in the future.

TO SUBSCRIBERS.—We do not desire to force this Journal upon any one. We would rather lose a subscription altogether than drag it out of a man against his will. Patronage must come freely and voluntarily to have any charm for us. A single word then is necessary to a full understanding with those to whom copies of this Journal have been or may be sent. We are anxious to have as many names as possible upon our subscription list, and with this end in view we have sent copies of the Journal to some persons, and expect to send them to others. Now, if such persons do not desire to patronize the work, they must return *all* the numbers they have received, or else they will be considered regular subscribers. Of course, we should be very much gratified if none are returned, and we do not expect, from the known liberality and kindness of our friends, to have a single copy sent back to us. These remarks do not apply to those who have received *complimentary* copies.

THE MEDICAL JOURNAL OF NORTH CAROLINA.—Our old friend has revived under the special management of Dr. Charles E. Johnson, of Raleigh, N. C., one of the most distinguished physicians in the state. Dr. Johnson brings to the editorial chair, a strong and well cultivated mind, a ripe experience as a practitioner of medicine, great fluency as a writer, and, more than all, an honest, independent and magnanimous spirit. The first number promises well, and we predict for the Journal a high reputation and a well merited popularity.

Dr. S. S. Satchwell, whose name appears as one of the editors, is in Europe at this time ; and will doubtless take advantage of his residence there to enrich the Journal with the results of his observations and experience. He is a fine scholar, a graceful composer, and an acute observer, qualities which well fit him for the position he is to occupy. We have a paternal interest in the Journal, and wish it all possible success.

Items.

A large banquet was given to Ricord on the occasion of his resignation as surgeon to the Hospital du Midi. About two hundred members of the Profession were present, including representatives from Great Britain, Germany, Sweden, Russia, Greece, Italy, the United States and South America. It was a very grand and jovial re-union.

There were one thousand two hundred and sixty nine deaths in London during the week ending December 22, 1860. During same week, there were born 877 boys and 903 girls.

Velpeau has just announced to the French Academy, the death of M. Gendron, a very distinguished physician, who died of croup, contracted whilst performing the operation of Tracheotomy on a patient suffering with that disease.

The Academy of Medicine, at Paris, has just elected M. Robinet, President, in place of M. J. Cloquet ; M. Bouilland, Vice-President ; and M. Ch. Robin, Annual Secretary, to succeed M. Devergie.

M. Alphonse Amussat recommends an injection of the tincture of iodine as a diagnostic procedure in anal fistula. The iodine is injected directly into the fistulous track, whilst the finger is inserted into the rectum. If the fistula be complete, the iodine will pass into the rectum, staining the finger.

M. Vernenil has recently reported to the French Academy, some new cases of vesico-vaginal fistula, cured by what he calls "Bozeman's Method." From statistics furnished by him, we learn, that out of sixty-eight women treated by the "American Plan," fifty-three were radically cured, which gives a proportion of seventy-eight cures in 100 operations.

M. Florens concludes from his success in coloring the bones of the fetus by confining the mother to particular articles of diet during her pregnancy, that the child is nourished and respire through the agency of the mother, since the blood of the latter communicates so directly with that of the former as to permit the deposition of the coloring matters in its bones.

M. Kergaradec has recently established, by a great number of examples, furnished by Horstius, Harvey, Arevalle, Cangiamila, Riolan and others, that the fetus can remain alive in the womb at least forty-eight hours after the death of the mother.

The woman upon whom ovariectomy was performed, in this city, by Dr. Washington Atlee, of Philadelphia, has recovered, without the development of an unfavorable symptom.

Prof. N. R. Smith, the distinguished surgeon of this city, recently performed tracheotomy on a child eight years of age, and extracted a per-simmon seed from the right bronchus, in which it had lodged some weeks previous. The operation was performed with great skill, and the patient is doing well.

There are 68 candidates for graduation in the University of Maryland, at the present time. This is a large number for a class of one hundred and fifty students.

Tobacco consumption in France has increased,—thus, between 1836 and 1840 the consumption was 470 grammes per head—a gramme being about fifteen grains; between 1840 and 1845, 500 grammes; 1845 and 1850, 525 grammes; 1850 and 1855, 600 grammes, and 1855 and 1860, 600 grammes.

Mr. Spencer Wells, and Tyler Smith, insist, that in ovariectomy, it is a matter of the first importance to pass the metallic sutures through the puritoneal edges of the wound.

Prof. Gattsch has described a new disease, to which he gives the name ammoniæmia. It consists in an alteration of the blood by the absorption of decomposed urine.

Dr. Rigby, the celebrated English accoucheur, died in London on the 27th of December last, and his remains were interred on the very day he was to have been elected President of the Obstetrical Society.

Blood can be shown to exist in the urine, by chemical processes, when the microscope utterly fails to detect globules in the secretion.

The people of London consume annually 371,000 oxen, 30,000 calves, 1,500,000 sheep, and 30,000 swine.

Therapeutical Gleanings.

SYPHILITIC SORE THROAT.—Mr. Coulson, of London, uses the following application:

R Bi-Chlorid gr. vj.
Acid. Hydrochlorici gtt. xii.
Syrupi f3j.
Aquæ 3viii.

M. Used as a gargle, take care to wash the mouth out after employing it.

PARALYSIS.—Dr. Davis, of Chicago, gives an enema containing a small quantity of strychnia to relieve Paralysis of the muscles of the alimentary canal occurring after typhoid fever.

LABOR.—Belladonna was first used to facilitate labor by Dr. Williams, of Chillicothe. He gave it in advance, so as to prepare the woman for her trials. Dr. John Lewis, in the *Lancet and Observer*, recommends quinine, in ten grain doses, as a parturifacient.

DELIRIUM TREMENS has recently been treated successfully with digitalis. The tincture of digitalis was given in f3ii doses, repeated every three hours, until the patient slept.

SPERMATORRHEA.—According to the *Journal of Indigenous Materia Medica*, this disease yields readily to the following prescription:

R Gelsemin gr. ss.
Lupulin gr. iij.

M. S. The whole at once, diminishing the dose as the patient improves.

BRONCHITIS.—Dr. Wilson, of Boonsboro', Maryland, speaks favorably of the medicinal properties of the common mullien in chronic bronchitis. The leaves are dried and then smoked.

PURPURA HEMORRHAGICA.—Dr. Sapier, says the *British and Foreign Medical and Chirurgical Review*, treats this disease with the perchloride of iron. The perchloride is dissolved in water, sweetened with syrup, and administered every hour.

DISLOCATIONS.—Dr. Orlica, of France, employs chloroform locally in dislocations generally. He reports no danger and great success.

SYPHILIS.—The iodine of ammonium is recommended by M. Gambellini, of Bologna, in the treatment of syphilis. He reports fourteen cases, in which it answered well. The dose is from two to sixteen grains daily, though the last named quantity is seldom required.

ITCH.—Prof. Bock has found the external application of chloroform useful in itch. It kills the insect, and, by producing anæsthesia, relieves the irritability of the skin.

TURNING.—M. Van Edur advises, that in turning, the woman should be placed on her hands and knees, or as he calls it *en vache*. Under these circumstances the movements of the hands are not impeded by the arch of the pubes, and the feet of the child are more readily reached.

ASTHMA.—Dr. Simms, in the *Journal of Materia Medica*, recommends the following:

R Potass. Iodid. $\mathfrak{z}\text{ii}$.
Ext. Lobelia fluid $\mathfrak{f}\mathfrak{z}\text{i}$.
Water $\mathfrak{f}\mathfrak{z}\text{xv}$.

M. Fiat. solut. S. A table spoonful to a wineglass full three times daily.

LACTATION.—The following is Hufelan's prescription for increasing the flow of milk.

R Sem. fœniculi $\mathfrak{z}\text{i}$.
Flav. cont. aurant $\mathfrak{z}\text{ss}$.
Sub carb. magnes $\mathfrak{z}\text{ijj}$.
Sacch. Alb. $\mathfrak{z}\text{ii}$.

M. ft pulv.

S. A tablespoonful three times daily.

Dr. Gardner recommends the following for arresting the lacteal secretion.

R Ol. menth piperit $\mathfrak{z}\text{iss}$.
Ol. ricini $\mathfrak{z}\text{ijjss}$.
Ol. bergamont $\mathfrak{z}\text{iss}$.
Gum camphor $\mathfrak{z}\text{ii}$.

M. S. Apply externally occasionally.

CROUP.—M. Henritte, of the St. Pierre Hospital, Brussels, that after having abandoned tracheotomy in the treatment of this disease, he has returned to it. He thinks the chief cause of failure is the delay in resorting to the operation.

HICCUGH.—The internal use of chloroform is recommended as a specific for this troublesome affection. It should be given in small doses, and repeated whenever a symptom shows itself.

NITRIC ACID STAINS.—Stains produced by nitric acid may be removed from the skin by the use of sulphide of ammonium, with the addition of a little caustic potash. The burnt epidermis is thus converted into a soapy substance, which can be scratched off with a small piece of wool.

STRANGULATED HERNIA.—Dr. O. M. Doyle, of South Carolina, reports in the *American Journal of Medical Sciences*, a case of strangulated inguinal hernia, which was successfully treated by administering two grains of opium every two hours until six grains had been taken.

STRYCHNIA.—Tannin is now regarded as one of the best antidotes for strychnia. From twenty to twenty-five times the quantity of tannin should be administered. Vegetable acids must be avoided as they favor the solution of the resulting precipitate.

WOUNDS.—Strong acoholic compounds are recommended for recent and other wounds by M. A. Prechard, of Bristol. He says they check or prevent suppuration, and hence phlebitis and pyœmia, and that they promote union by the first intention.

EPILEPSY.—Dr. Brown Séquard treats epilepsy by belladonna, giving one-quarter of a grain twice a day in pill or mixture. When it assumes a periodic character he uses the sulphate of quinine freely.

PTYALISM OF PREGNANCY.—After the failure of ordinary astringents, M. Lamæstre cures the ptyalism of pregnancy, says *L'Union Médicale*, by the use of pastilles containing each a half grain of iodide of potassium. Four or five of these lozenges were used at regular intervals during the day.

LEUCORRHOEA.—In leucorrhœa from chronic stasis of the uterus, without considerable textural changes, and in the absence of syphilis, Dr. Pockels has for a long time past administered with great success *secale cornutum* and catechu, giving of each as much as will lie on the point of a knife three times a day, the catechu being as serviceable as the more expensive tannic acid. If there is anæmia, phosphate of iron is added, and alkalis, when acidity of the stomach prevails. An increased secretion of mucous is at first produced, and this may have some blood mixed with it, when chronic hyperæmia is present.—*Varge's Zeitschrift*.

ASCARIDES.—The origin of entozoa, and among them of the *ascaris vermicularis*, is still doubtful; but it may fairly be supposed that the entozoa found in the alimentary canal, are introduced from without.

During the last eleven years phosphoric acid has been used with infusion of quassia, in cases of ascarides, at the Bath United Hospital, and in private practice, with no reason to mistrust its efficacy.

GNORRHOEA.—A very specified treatment of gonorrhoea and gleet has been given in the lectures on venereal diseases, by Dr. F. J. Bumstead, says the *London Lancet and Observer*. For the abortive treatment of the disease in the male adult, he prefers the weak to the strong solution of nitrate of silver, say 1 or $1\frac{1}{2}$ grs. in 6 ozs. of water. This should be injected, at short intervals, until the discharges become thin and watery, and slightly tinged with blood. But this treatment is only adapted to the first stage of the disease. When acute inflammatory symptoms have already set in, or the patient suffers from scalding in passing water, a brisk cathartic is the first thing to be given. If the penis is much swollen, a mixture is advised of bicarbonate of potassa, two drachms; tincture of hyosciamus, one ounce; mucilage of gum Arabic, five ounces; a tablespoonful every three hours. As soon as a syringe can be inserted without much pain to the patient, an injection is made after every passage of urine with a solution of one scruple of extract of opium in one ounce of glycerine and three ounces of water. In subacute cases, from half to one grain of sulphate of zinc to the ounce of water may be added. As a local means for the relief of uneasiness, local pain, scalding in micturition, Dr. Bumstead fully endorses Dr. Milton's statements in regard to hot water, as hot as it can be borne. For the third stage of gonorrhoea, injections are pronounced a weapon indispensable to the surgeon. Sulphate of zinc (twelve or more grains in four ounces of water) and nitrate of silver constitute the proper ingredients for these injections. In connection with them, copaiba or cubebs may be administered; the last named either alone or with the former, or, if the case demands a tonic, with iron or quinine. For the relief of the chordee, either lupulin will serve in fifteen-grain doses, or full doses of camphor tincture, or lactucarium and camphor, one grain of each, made into a pill.

DELIRIUM TREMENS.—Dr. Lewis remarks in the *Boston Journal*, I was at Deer Island Hospital for a few months after my graduation, and while there treated quite a number of cases of delirium tremens, and of intemperance, the latter including those who had irritation of the stomach, and the "shakes," as some term the state, but not amounting to decided delirium. I employed the various means presented by the text books, and watched the success of students in the same institution, with variable success; and at one time, thinking that Hoffman's anodyne might answer the indications, I tried it in seventeen cases of delirium tremens and fourteen cases of intemperance, in doses of $\frac{3}{4}$ ss. every hour, and of the thirty-one cases I did not lose one.

NEURALGIA.—Mr. Lobb thinks that the gentle continuous current from a Pulvermach chain, is a specific for idiopathic peripheral neuralgia. The committee suggest caution in the use of the common galvanic machine used for medicinal purposes, which operates by a rapid alternation of the direct and reverse current. While this is a potent exciter of nerve force, it is at the same time a rapid exhauster of nerve vitality.

LIST OF PAYMENTS TO MARCH, 1861.

Dr. A. H. Hall,	Dr. R. H. Winborne,	Messrs. McMeal,
" J. L. Bost,	" W. L. Atlee,	" Ewing,
" O. F. Manson,	Messrs. Spath,	" Roberts,
" Chunn,	" Chatard,	" R. W. Davis,
" Bordley,	" Gardner,	" Flemming,
" Leach,	" Sanders,	" G. W. Thomson,
" Hurt,	" Gillam,	" Mackenzie,
" M. Paine,	" Gaar,	" Stokes,
" C. W. Graham,	" Cutler,	" Kellam,
" Hintze,	" Templeman,	" Sullivan,
" Millholland,	" Fairbanks,	" Russell,
" Shaw,	" Thomson,	" Glocker.
" Shaw & Turner,	" Mackenzie,	

All mistakes cheerfully corrected.

NOTICE.

Several original articles have been received, which will be published in the May number. We are likewise under obligations for a number of valuable books, which will be duly noticed at another time.

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The next volume will commence on the 5th of January, 1861, and will contain in addition to the usual variety of matter, the following special lectures:

Lectures on Diphtheria, by Prof. Alonzo Clark, M. D. A course of Lectures on Military Surgery, by Prof. Frank H. Hamilton, M. D. Clinical Lectures on Surgery, by James R. Wood, M. D. A course of Lectures on the Physiology of the Cranial Nerves, by Prof. John C. Dalton, Jr., M. D. Clinical Lectures on Diseases of Women, by Prof. B. Fordyce Baker, M. D.

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 Original Communications, Translations, Reports of Societies, &c., will be thankfully received and duly appreciated.

EDWARD WARREN, M. D.,

January, 1861.

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Original Communications.

- ARTICLE I.—VENEREAL DISEASES—SYPHILIS: General division of the subject—*Chancre*. By WM. POWER, M. D., late of Baltimore, Md.

GENTLEMEN:—Having in our two preceding lectures, sketched broadly the distinction between simple and virulent venereal diseases, defined each of these classes of disorders, and proved the specific nature of the syphilitic virus, we shall go on to-day to occupy ourselves with the effects produced by the application of this virus to the human body. But before we take up the subject of chancre, the most common, indeed, almost the sole symptom which first marks the presence of the disease, it will be necessary to premise a few remarks upon the disease as a whole, and to divide its manifestations or symptoms into such groups, that we may refer to them understandingly, and without confusion, in the course of our remarks, before we come to speak specially of them in their proper places. Syphilis, then, is a multiform and complex affection, which proceeds from a single and uniform cause, to which the

VOL. I., No. III—28.

name of venereal virus has been given. This affection is contagious by immediate contact, and by inoculation, and is transmitted principally by coition with infected persons, often also by nursing, and even by application upon the denuded skin, or the mucous membranes of the product of the morbid secretion furnished by the affected parts. The affections which are referred to syphilitic poisoning, may be divided into three classes: Primitive, or those which follow immediately, the application or inoculation of the contagious principle; Secondary, or those which show themselves during the continuance of, or within a certain time after the disappearance of the primitive symptoms; and Tertiary, or those where the virus seems to have amalgamated itself with some constitutional diathesis, and thus produces a hybrid affection, excessively chronic and obstinate.

The primitive symptoms are purely local, are transmissible by contagion or inoculation, and consist of chancre and buboes. These are the only primitive symptoms of true syphilis, and are the only ones the pus from which is inoculable. The pus from an open virulent bubo, under certain conditions of which we shall speak more in detail hereafter, is equally susceptible of being transmitted by inoculation with that taken from a chancre, and when inoculated always produces a true chancrous pustule. Hence M. Ricord considers bubo a ganglionic chancre, in other words, a true chancre, produced by the absorption of the virulent pus, unchanged by its passage through the lymphatics, and which only varies from an ordinary chancre by its seat. So long as the disease confines its manifestations to either of these two symptoms, it is purely local, and is to be treated as such—when these disappear the disease may be totally eradicated from the system, and we have no evidence that constitutional poisoning has taken place until the secondary symptoms proper make their appearance. If we have a chancre without bubo, the chances of secondary affection are less than when accompanied by the latter; but it, by no means, follows, although both should exist that a constitutional affection is the necessary

result. When the virus passes the first lymphatic glands with which it comes in contact, it undergoes a change in its composition, for after this it is no longer susceptible of being propagated by inoculation. It then, from absorption into the system at large, produces secondary affections, which are always general or constitutional. These consist of ulcerations of the throat and anus, the lenticular syphilicle, impetigo psoriasis, and other eruptions on the skin, and of the mucous papule, a sort of symptom of transition between the primary and secondary symptoms. These affections are transmissible by contagion to a certain extent, and hereditarily, that is from parent to child. But no attempts that have hitherto been made, have succeeded in communicating them from one individual to another by inoculation, thus drawing a broad line of distinction between them and the primary symptoms. The symptoms which we denominate tertiary, are nodes, exostoses, caries, gummy tumours, osteocope pains, and a variety of undetermined diseases, which succeed only to a general affection. These affections make their appearance in broken down habits, or worn out constitutions, are exceedingly rebellious to all forms of treatment, are neither transmissible by contact or inoculation, though they are hereditarily, and not unfrequently give rise rather to a scrofulous and cachectic offspring, than to one affected by any palpable signs of a specific poisoning. The distinction between these different orders of morbid conditions is important to bear in mind, inasmuch as it must determine our mode of proceeding in applying remedies, in the indications we propose to ourselves to attain by their use, and in a great measure the success which will attend our treatment; such a general sketch is moreover necessary to keep in view, in order to understand occasional references to these different classes of symptoms which by anticipation we shall occasionally be obliged to make before we come to treat of each of them in due detail, and in their proper succession—and having premised this much, we will now take up the subject of chancre.

The characteristics of chancre, consist neither in the appearances of its base, color, or edges, but in the pus it secretes.

Chancre, so to express it, constitutes in itself syphilis. It is the source or starting point of all and every virulent venereal affection. We give this name to every ulcer, of whatever form or appearances it may be possessed, which is specific in its nature—which owes its origin to contagion or inoculation of a virulent pus, the product of an ulceration of the same nature, taken at a certain period of its progress, (that is while it is still in its destructive stage, before the period of reparation has commenced,) capable of being indefinitely propagated by the same means, and of giving rise to various secondary symptoms, which can arise from no other cause. In this definition you see I am careful to characterise the disease by its products and effects rather than by its physical appearances, as too many have been in the habit of doing, for we shall find that these latter are subject to very great differences, owing to a variety of causes, many of which may be easily confounded with those of sores arising from common irritation, while the characters I have just laid down are peculiar to chancre and distinctive of it in every case. Nevertheless, we shall find in the course of our inquiries upon this disease, that there are many phenomena and appearances accompanying the various forms of chancres so constantly, that we may pronounce from simple inspection with considerable precision upon the virulent or non-virulent character of a sore, still it is only by testing its inoculability, that absolute certainty upon this point is to be arrived at. The predisposing causes to chancre are, filth, want of habits of cleanliness, suffering the virulent pus to remain in contact with the parts, everything like a scratch, sore, erosion or contusion of the parts, or a natural disproportion of the sexual organs. There is no constitution which is refractory *per se* to the infection of the syphilitic virus, though certain physical peculiarities render some much more liable to the disease than others. Thus an individual with a thin delicate skin, is more likely to have the virus absorbed and the dis-

ease produced, than one whose tegumentary envelope is close and firm. Those who have the mucous membrane of the glans and prepuce thin and moist, are more exposed than those in whom it is in the opposite condition. Those who have naturally long prepuces than those who have short, from the very extent of exposed surface. But the most unfortunate, are those who have a natural or artificial phimosis, for when the virulent matter once gets between the glans and prepuce in these cases, removing it by washing is almost impossible, and it affords a ready nidus for the collection and retention of the virus. Many observers have remarked that the Jews and Mahometans, from being circumcised, are less liable to syphilitic diseases than other people. This arises from the fact that the glans being constantly uncovered, its covering loses almost entirely its character of a mucous membrane, but is assimilated more to the skin by its dryness and harshness. Those individuals who from the natural shortness of the prepuce are nearly in the same condition with circumcised nations, possess greater immunity than others from infection, both from this cause, and because from the exposed condition of the glans, it is more easily and more perfectly cleansed from all morbid matter after a suspicious intercourse. The efficient cause of chancre, or that which immediately determines its existence in every case, is a virulent pus acting directly upon the part affected under certain favorable conditions.

The seat of chancre is most commonly upon the mucous membrane, covering the gland and prepuce in males, or at the orifice of the vagina, on the nymphæ, around the opening of the urethra, or at the fourchette in females. It also frequently appears on the common skin of the penis, scrotum or thighs, and around the anus in females. But we sometimes find it upon very different parts of the body, and from what we have already said, it is evident that it may make its appearance upon any part of the body when the pus has been arrested or inserted. Thus it has been seen on the edge of the eyelids, in the nose, on the lips, tongue, fingers, &c., in the rectum, and as we shall here-

after see, quite frequently in the canal of the urethra, giving rise to symptoms which were considered only those of gonorrhœa, by those who did not examine closely or apply the test of inoculation, and who, when secondary symptoms made their appearance, supposed they were owing to the gonorrhœa, and hence concluded upon the identity of the two affections. This is an error current even at the present day, the credit of exposing which belongs to M. Ricord, an error which has produced incalculable mischief, by motiving a full course of mercury to relieve or prevent effects which a more judicious and accurate pathology has shown cannot result. Most authors have spoken of the incubation of the syphilitic virus, but we think with M. Ricord, that such a doctrine is not admissible. The virulent pus which produces chancre has a corrosive or chymical action before its vital one, in virtue of which it excoriates the epidermis, and arriving at the living tissues it poisons them. Hunter and Bell have both seen well characterised chancres twenty-four hours after an impure connexion. In fact, there is no practitioner of any experience who has not frequently seen the same thing. Swediaar, who believes in incubation, places the date of the appearance of a virulent sore twelve days after exposure, but admitting that ulcers often appear much earlier, he thinks they are but simple sores requiring only simple remedies for their treatment. It is true that sores do not appear in some instances until twelve days after a suspicious intercourse, and some rare instances have been related in which several weeks have elapsed. Though such a thing is possible, such stories must be taken with all due allowance. In many instances it is the patient's object to deceive the practitioner, and the truth with regard to the last connexion is purposely concealed, and in females, and often in males of the lower classes, their carelessness and want of habitual attention to cleanliness may permit a chancre to exist for a long time without their attention being drawn to the fact, and it is not until irritated and becoming painful from superadded inflammation that they are aware of their being infected. This I have often met with in negroes whose in-

telleets were but little developed. In one instance, a man came to me with a bubo in the right groin, which had already softened, and which I opened. He told me he first noticed the swelling three weeks before he consulted me. He confessed very frankly that he had suffered from two attacks of syphilis previously, of the last of which he was cured about a year since, and though he had frequently exposed himself to the chances of contracting new symptoms since, he had been lucky enough to escape. On uncovering the glans I found a small well-defined chancre near the frantum in a state of reparation, and another on the inner side of the prepuce still in its ulcerative stage, of the existence of both of which until that moment he was perfectly unaware, they having given rise to so little irritation by their presence, that his attention was not called to them. Instances of this kind, though perhaps not so marked, are not uncommon, and may account for some of the long periods of incubation of which we read in authors. The average period of their appearance, however, is between the third and fifth day after exposure, provided the integuments are everywhere sound, and sooner if an abrasion or scratch exists by which the infectious matter arrives immediately at the organised and vital tissues. When we inoculate with the syphilitic virus, we can detect nothing like incubation, but from the moment of the insertion of the pus we see the disease begin regularly to develop itself. If we insert in any part of the body with a point of a lancet a small quantity of virulent pus, taken from a chancre or bubo still in its ulcerative stage, we will find after the lapse of twenty-four hours, a red angry looking point, accompanied with considerable itching. The second day this point is projecting and surrounded by a red areola. On the third day it is converted into a conical, pointed, pustule or vesicle. On the fourth day, this vesicle flattens and becomes umbilicated, with a blackish point in the centre, like a variolous pustule, the lymph grows purulent, and the areola vanishes. On the sixth day it commences to wrinkle and dry up. On the seventh or eighth day the crust grows brown and conical, becoming larger and larger, and during

all this time the base is rather indurated. The crust may last a long time, but when it falls we find below a well characterised ulcer, with a base of cartilaginous firmness, and possessing a peculiar elasticity to the feel which distinguishes it from all other sores. The bottom of the ulcer is grayish or yellowish, as if it had a layer of fatty or lardaceous matter spread upon it. The borders are clean and perpendicular, traversing the whole thickness of the skin, as if the part were taken away by a punch. The depth, of course, varies according to the tissues upon which the inoculation may have been practised—we are now describing the appearances as they present themselves more particularly, when the inner surface of the thigh is the region selected for experiment. The borders are turned slightly outward, and ordinarily, as it were, undermined—of a violet or livid color, and sometimes denticulated or jagged. The margin is of a reddish hue, but when the ulcer is large it is badly defined. The induration at the base will, in every instance, be greater or less in proportion as the part where the sore is seated is more or less abundantly supplied with lax cellular tissue, and this same condition will modify more or less the undermining of which we have spoken above. In scrofulous and lymphatic temperaments this phenomenon also exists to a greater degree than in those who are more robustly constituted.

Such is the history of the appearances of the development of a chancre in its simplest and most uncomplicated form, when produced by the application of the virus with a lancet to the skin of the inner part of the thigh, and protected from all external sources of irritation. We have said already that these characters were modified by its seat, and though in the main all these sores bear so strong a family resemblance, and present so constantly certain common characters, that their origin and nature are easily enough recognised, still it will not be uninteresting to glance at some of these differences, while for a complete tableau of their various appearances, drawn with skill and scientific minuteness, I would refer you to the work of Wallis, and recommend his chapter on this subject to your diligent

attention, as one where his close observation, minute study, and graphic power display themselves in a remarkable manner.

The description we have just given of the sore resulting from inoculation in the inner surface of the thigh, is so exactly that which a chancre presents when seated on the common skin of the penis, that it would be a labor of supererogation to go over it again. This may be looked upon as a model chancre, the type of the disease in its purest form, which we should keep in our minds to refer to when we wish to study the varieties. When there has been no abrasion upon these integuments, the chancre does not generally appear until the fourth or fifth day, as the skin covering this organ is dense. The crust, moreover, falls very soon; indeed, often it does not form at all, owing to the irritation and friction to which it is necessarily exposed from the dress. This same cause renders sores on the skin of the penis very chronic, and disposed to be altered by the various accidents of phlogosis; consequently, they usually present a larger size, and from the loose character of the cellular tissue under the skin, particularly the skin of the prepuce, and the facility with which effusion takes place into it, the induration about the base of these sores is much greater than when on the thigh.

The membrane lining the inner face of the prepuce is not a fully organised mucous membrane, but forms like that covering the prolabia, a transition link between the skin and mucous membranes. But being much more delicate, and at the same time more highly organized than the skin itself, we should suppose *à priori* that it would more frequently be the seat of chancre than this latter; and such experience proves to be the case; for here, and around the corona glandis, they are found in eight cases out of every ten of syphilis. Here they usually make their appearance from the second to the fourth day after a suspicious connexion; and owing to the very delicate cuticular envelope of this part, the pustule is quickly abraded, so that we seldom have an opportunity of seeing it on this region, nor does the patient himself remark its vesicular

stage. So much is this the case, that most authors deny that this stage is met with here, but look upon the disease as first manifesting itself by a minute abrasion or ulcer. As there is a degree of moisture always here, and friction against the glans, a scab never forms, but the secreted pus wandering about in its prison, and kept in contact with the surrounding parts, usually inoculates them; hence we seldom have a single ulcer, but a group of several. From the protection from external irritants of sores in this situation, they are not usually either so large or so obstinate, as when located on the external skin. And from this cause, as well as from the thinness of the membrane, they are not usually so deep or excavated, nor is there so much induration, except when they are at the corona glandis; and here, there being a great quantity of cellular tissue, laxly uniting the integuments to the parts beneath, there is not only induration to a remarkable extent, but the ulcer almost always burrows deeply, and extends in diameter. But from the slight resistance which the cellular tissue seems to oppose to the destructive process of the syphilitic virus, and from the difficulty of keeping the part clean and well dressed, some of the most destructive and frightful sores are those found here.

A chancre on the frenum almost invariably destroys this membrane, soon perforating it entirely, leaving, so to speak, a sore which has no base but only borders; this little hole gradually enlarging its diameter, soon destroys the membrane. Some authors have supposed it was impossible to cure a chancre here until it was destroyed, and therefore counselled the snipping of the membrane, when once perforated, with a pair of scissors; but this is a useless precaution, and tends rather to prolong than shorten the disease. These sores are very difficult to heal from the dragging and irritation to which they are subjected by any excitement of the organ. I once treated an individual with chancre on the frenum; the membrane was in great part destroyed, but under the use of caustic and protoioduret of mercury, the sore quickly assumed a healthy granulating appearance. I anticipated a speedy cure, but in a few

days he returned with the sore larger than ever. When questioned, he assured me he had been guilty of no imprudence of any kind, nor did he know to what to attribute the change. In the course of a few days matters again mended, the sore was nearly cicatrized, when lo! again it suddenly enlarged in a single night to its original size, yet without looking at all angry or virulent. He still insisted upon the perfect propriety of his demeanor, although the same thing was repeated several times successively. Puzzled and annoyed at this strange conduct of what I could not help regarding as a simple sore, I again questioned him closely, when he confessed that he had occasionally erratic dreams with erections. The mystery was at once explained; pills of camphor and opium were prescribed, which effectually controlled the excitement, and the sore left at rest healed up speedily and thoroughly. The irritation of chancres, or of gonorrhœa, are very prone to cause an increased efflux of blood to the penis, and this, with occasional erection, tend to keep open for a long time sores on the frænum, and around the corona glandis, in addition to the other causes of which I have just spoken.

When seated at the orifice of the prepuce, there is great effusion and consequent induration at the base. The ulcers from being dragged upon and torn, as it were, in the motion of the part, lose their circular form, and become linear; and as in this region there are, from contact of parts, several ulcers at the same time, it presents a radiated chapped appearance. From their situation, and the effusion at their base, phimosis almost always accompanies them; and from their exposure to mechanical violence from a thousand causes, and from the irritation of the urine passing over them, they are very chronic in their duration.

The peculiar structure of the glans-penis impresses several very remarkable modifications upon syphilitic ulcers, when it happens to be the structure upon which they are located. The mucous membrane which forms its covering is denser and dryer than that lining the prepuce; hence the period at which the symptoms first manifest themselves here is a little later, it is much less frequently

affected primarily; and from its lesser susceptibility, though we scarcely ever see an ulcer on the glans which has not produced a second on the prepuce opposite, yet we may have several on the prepuce, and the glans still escape infection. The ulcer is generally small, circular, excavated, never so superficial as upon the prepuce, where, from the spongy and lax nature of the tissues below, they often, so soon as the tegumentary membrane is perforated, protrude as it were, and the base consequently in some instances appears higher than the borders, forming thus a superficial and elevated ulcer, the peculiarity of whose appearance has been thought by Evans and Carmichael worthy of a separate name, and has been supposed a peculiar form of the disease. This is only one of a thousand errors which systematic writers upon syphilis, have, from time to time, fallen into, and which a careful observation of nature and the disease would have put to flight, had not the fever for making nosological systems held so strong an influence over the minds of the profession, that every aberration from the true Hunterian chancre was considered a new species, and classed and named accordingly. It is really surprising how much trouble men will oftentimes give themselves to go astray; and of this fact you may convince yourselves by taking up the works of Carmichael, Evans, and Bell, upon this subject. Nature is after all wonderfully uniform in all her operations, and by means of a few general principles in medicine, as well as in all other sciences, various apparently very dissimilar phenomena are explained. The eccentricities of nature, so styled, arise in nine cases out of ten from facts badly observed. Correct and more accurate observation is every day throwing new light upon abstruse points in our profession, and the operation of this illumination is to simplify more and more the history of disease. This has not only been the case in venereal diseases, but throughout the whole field of medical enquiry. Take, for instance, the nosological systems of Good, or Darwin, and compare them with the systematic treatises on the theory and practice of medicine of later days, and

you will be struck with the cumbrous unintelligible jargon of the former, the thousand nice and subtle distinctions—upon paper—not only useless at the bed side, but drawn from a fertile imagination, instead of the sick couch, and consequently false and unsatisfactory. The history of a case in point seldom finds its way into those collections of literary recreations, or if related is of so marvellous a nature, and with so few details, that it is useless for practical purposes. While in our later authors every page teems with interesting well observed facts, and conclusions drawn from them, our library shelves form as it were hospitals, into which we can at all times step and look for ourselves, and if after reading a case we do not find its details to accommodate themselves to the comments of the author, we have at least the material on which to form a judgment of our own.

But to return to ulcers of the glans. The substance of the glans has but little power of restoring itself when lost, hence its sores are liable to be peculiarly chronic. In fact the glans seems properly to have no power of forming granulations, and therefore we never meet with fungous ulcers of this part, unless they should not have penetrated the mucous envelope, for this possesses the granulating power in the same degree as similar textures in other parts of the body. This, however, rarely happens, so that these ulcers are almost always deeply excavated, and when cicatrized leave a depression which is permanent and marked by a white radiated cicatrix. Another peculiarity is, that the corpus spongiosum, of which the glans is a prolongation, being firmer and less supplied with loose cellular tissue than the other structures composing the penis, the infiltration, and consequently the induration which is so marked a character of syphilitic ulcerations exists here to a less extent, and the tumefaction, the ordinary attendant on inflammatory irritation, is in many cases completely wanting, rendering these sores less likely to present varieties of form and march from accidental complications.

ARTICLE II.—INJURY OF THE CEREBRUM. By A. CLENDINEN, Jr., M. D.

On the 21st November, 1857, at about 10½ A. M., a wounded man was brought to the office of Dr. Alex. Clendinen, who immediately accompanied him to his home in the neighborhood. Consciousness was perfect; he was able to walk with slight assistance, and led the way upstairs through a back entrance, it being impossible to gain admittance by rapping at the front door. On enquiry into the history of the case, it was ascertained that the patient, Wm. Wilcox, a stone cutter by occupation, aged 20, of large physical development, with a vigorous constitution and temperate habits, had gone on that morning into the country to hunt, and that whilst shooting at a bird overhead, the force of the recoil tore the barrel from the stock and drove it into the vault of the cranium, a little above the right eye-brow, and at a point about corresponding to the frontal eminence of that side. With the exception of the immediate shock, his senses had not been disturbed, though more than an hour had elapsed, and he had ridden nearly five miles over a rough country road after the infliction of the injury. At the suggestion of Dr. C., Prof. Dunbar was called in, and Dr. Wm. H. Diffenderffer, the family physician, also sent for. Now, for the first time, vomiting occurred, and coma almost immediately supervened. The wound was found to be two inches in diameter, with a punctured fracture, having its stellate angles depressed and impacted in the cerebrum, which was disorganised to the depth of the second and third phalanges of the index finger.

It being necessary to dilate the wound, Prof. D. proceeded to operate. A scalpel was applied at its superior border and carried upward and slightly outward; the integuments were dissected somewhat from the bone, and, upon the removal of a button by a small trephine, the fragments were elevated, and being denuded of their pericranium, were extracted. Irregularities were now excised

with the bone forceps, and a fissure extending some inch into the squamous portion of the os-temporis discovered. As there was no depression, it was not interfered with. General convulsions, strongly resembling eclampsia, which had persisted throughout the operation, requiring the assistance of several men to retain the patient on the bed, now assumed such a violent form that the operation was suspended. The involuntary muscles become involved to such an extent as to impede the action of the respiratory apparatus—the heart first contracting more rapidly, then irregularly, and finally almost ceasing. There were also involuntary evacuations of the rectum and bladder. After waiting a moment or so, and the symptoms not being ameliorated, but rather increased, Dr. C. expressed the belief that there must still be some foreign substance irritating the brain. Prof. Dunbar then introduced the fore finger, and feeling something hard deeply imbedded, extracted what proved to be the breach plate of the gun, a triangular piece of iron a little over half an inch long and a quarter of an inch broad at its base. A gush of blood with white and gray brain matter followed, and in a moment the patient gave audible expression of pain, the pulse rose, the convulsions ceased, and the senses were partially restored, with tendency to drowsiness. The wound was at once washed, and cold water dressings applied, the room darkened, and quiet enjoined.

Vespere.—Slight febrile excitement, has complained of pain in the wound; oozing of blood and brain matter; is dozing quietly.

Nov. 22.—Patient has been restless during the night, and started incoherently, has however been able to recognise mother and friends, and sleeps tranquilly for short intervals. Pulse soft and compressible, about sixty-eight per minute. Quiet enjoined and farinaceous diet ordered, together with an injection of senna and salts to correct costiveness. Wound discharging considerably, cold water dressing continued.

Nov. 23.—Wound looks well. Pulse about the same. No sensation of heat in the head, but quite an oozing of

white and gray portion of brain with coagula of blood. Patient complains of great pain in the seat of injury, but is bright and cheerful; seems quite intelligent and asks a number of questions about the operation and the circumstances attending the accident, of which he has no recollection. Bowels not having been moved to-day, the injection is ordered to be repeated. Cold water dressing and former regimen are continued.

Nov. 25.—No inflammation of the brain, or its membranes, has manifested itself, as might have been anticipated from such a lesion. Some pain in the head, with protrusion of coagulated blood and brain matter. Same treatment continued.

Dec. 1.—The edges of the wound are contracting and granulated; the coagulum has hardened and occupies a central position; pulse sixty-seven; treatment continued, with the exception that pounded ice instead of clothes wrung out of cold water, is now applied in such quantity as does not produce symptoms of cerebral oppression.

Dec. 10.—Nearly three weeks since the injury, the patient has now no hemicrania, but slight derangement of digestive organs. His tongue is furred, and there are acid eructations from the stomach, with slight borborygmus. A few doses of carbonate of potash ordered.

Dec. 20.—The coagulum now looks as if it would speedily be cast off. Patient is lively but complains of not getting enough to eat, and asks for something to read.

Dec. 27.—The wound is now open and covered with pus, but the granulations are rather exuberant. The patient is still on low diet, and keeps the recumbent posture.

Jan. 21.—It is now more than nine weeks since the accident. The ulcer has for some time been steadily healing; the fungous granulations have subsided, and a firm healthy cicatrix forms the base of a deep sulcus where visible pulsations mark the action of the heart, and whose rise and fall are synchronous with respiration. The patient has been reading history and studying algebra and geometry, in each of the latter he with facility explained abstruse problems, thus showing a mathematical talent and taste

hitherto unknown. He was ordered not to pursue his former trade, as the requisite physical exertion would produce too great determination of blood to the brain, and to be regular and sparing in his diet.

Feb. 25.—Wm. Wilcox called at the office to-day with some pamphlets for sale, said he found his present occupation congenial, but feared he would have to return to his trade as something more lucrative. Prof. Dunbar informs me that he called at his office about a year since and gave an account of some fits, which were judged to be epileptic. I believe he has some time since left the city.

ARTICLE III.—ADVANCEMENT AND IMPROVEMENTS IN SURGERY
AND SURGICAL OPERATIONS. Prepared for the Students of
the Baltimore Medical Institute. By one of its ALUMNI.

Sudden Deaths are classed under *two* heads—*Accidents* and *Suicides*, and are mostly attributable to the following causes—viz: Drowning, strangulation, suffocation, decapitation, precipitation, wounds, starvation, extreme cold or heat, lightning, poisoning, mental emotions, and

SURGICAL OPERATIONS.

We particularly desire to call your attention to the last of this series. Such a result is generally from *one* of *three* causes—shock to the nervous system; hæmorrhage; and surgical fever, with its usual attending local complications.

We cannot say that all or any operation upon the human frame, however trivial, is not attended with some danger, and *may* result in death; for who that has practised it any length of time has not seen, with almost shivering horror, the unlooked for and unprecedented progress of inflammation and erysipelas.

All capital operations, such as amputations, operations for hernia, lithotomy, aneurism, extirpation of tumours,

&c., are *all* more or less attended with danger. But, as a general thing, the fatal consequences do not so much depend upon the nature of the operation, as upon the circumstances under which it may be performed.

The temperament, as well as the habits of an individual, is perhaps the best criterion to judge of the power and ability to stand the shock of a severe operation.

Statistics show that, as a general thing, amputation is a fatal operation; but this is not on account of the operation itself, as it is caused by the shock given to the patient by the accident which caused the necessity of the removal of the limb.

Hernia is still more fatal in comparison than amputation, for the reason that it is usually performed under the most pressing necessity, when all remedial agents have been exhausted, and the patient himself exhausted in like proportion, and not unfrequently the bowel already or bordering upon mortification.

Upon consideration, it is not surprising that the operations of amputation and hernia are more fatal than those for lithotomy, aneurism, tumours, &c.; for the former are most often performed under the most pressing emergencies and most disadvantageous circumstances, both as to the local and general nature of the case, as well as the want of many facilities in proper assistants, dressings, light, &c.; whilst in lithotomy, aneurism, tumours, &c., the surgeon has an opportunity of preparing both himself and his patient, selecting the most propitious time, and being before armed to meet every probable contingency.

These advantages must of course afford such patients almost a double chance of recovery, than those operations which may be called transient, or *par violence ou nécessité*. Still, it is an undeniable truth that the result of operations differs much in the practice of different surgeons, of equally acknowledged skill. This cannot be justly attributed to the manual of the operation itself, but rather to proper attention to their patients before and after the operation.

Again, to perform (as newspaper reporters style them,) interesting surgical operations with skill, rapidity, and

dexterity, *is one thing*, while their success, their termination, *is quite another*. Success, then, should be the aim of every attempt at surgery. Without it, every hypothesis, every indication of improvement should be shunned.

It is far more preferable to have the enviable reputation of *successfully* performing an operation, than to have the world renowned repute of being a surgeon, *bold, fearless, and bloody*. Success, then, is the true triumph of the surgeon, and should, in all his improvements, whether in his instruments or operations, be his *grand, chief, and only aim*; and when called upon to remove a member, he should labor only for the removal of a source of discomfort and annoyance, or the preservation of life.

To attain this end, beware of *haste*. It has become fashionable of late to measure the skill of an operator by the time-watch. It is a melancholy, mistaken idea, that excellence and skillfulness are commensurate with rapidity; in fact, in many and most of cases, haste and hurry are incompatible with safety. The olden motto was "*Tuto et celeriter*," but the "*Tuto*" always preceded.

It cannot be denied that *rapidity* is an advantage and a virtue; but *skill*, with success, is more so; therefore, be satisfied and confident of *it* first, then "go ahead."

At the present time, when nine-tenths of capital operations are performed whilst the patient is under the influence of one of our many anaesthetics, we have not the same necessity for rapidity as formerly, when the patient continued under a shock and lively suffering during the whole time that he remained upon the operating table.

It is true that, even under the most favorable circumstances, unlooked for results, unprecedented and unaccountable contingencies often surprise and astonish the surgeon. What one of any notable experience has not seen his patient, after a minor and trivial operation, as well as after the most dangerous, skillful, and dexterous one, sink *gradually, feebly unto death*, in vain attempting to stretch out a helping hand; and, again, who has not been struck with astonishment and wonder at the recovery of patients after the most horrid, torturing and terrible injuries, and

also at the happy success of operations after the most unskillful, bungling, and most mutilating kind. Truly, the frailty, as well as the tenacity of human life, is wonderful.

At the present day, perhaps, suffering humanity should congratulate themselves that surgeons are, at last, turning their attention to a branch of their profession which has been so long neglected. I allude to "Conservative Surgery." It is much more the desideratum and object now than formerly for the surgeon to determine what will be useful and beneficial, than what new and unheard of, or horrid operation he can perform.

Certainly, the practice of operating upon notorious hopeless cases, especially in elderly persons, under the hallucination of a last chance, is to be condemned and deprecated. We contend, that it is much more humane to lift our patient softly and gently into the grave, than to await his arrival at the brink and then push him in.

It is under such circumstances that great discredit and disgrace has resulted to surgery, especially in taking "these last chances" in cancerous diseases, which more often hastens the fatality than otherwise, if left alone. There are many operations that have been performed *once* but never repeated, and we are inclined to think that it is such unfortunate cases that has given the soubriquet to operations, as "opprobrium chirurgiæ."

In the end, it must be admitted by all, that in promoting the success and progress of surgery, it is equally of as much consequence to determine what *is* expedient as it is to ascertain what *is not* expedient. Doubtless, operations have been performed which were justified by *circumstances*, but which which would not be justifiable as good surgery under any *other circumstances*, and which, *even a repetition of*, would be criminal.

The difference between a conservative and palliating surgeon, and an operating—cutting one—is *vast*; yet, in the wards of our hospitals you would but be astonished at the slight difference of success. The difference is more strongly marked when we consider that *one may save*, but never kills his patient, while the other *will cut*, and sometimes

does kill. In the one, we must give credit for prudence, judgment, and close observation of every peculiarity and idiosyncrasy of his patient; whilst to the other, boldness, cruelty, rashness, and desire for reputation at the expense of his patient's risk. It cannot be denied that this "desire for repute" has emboldened many to undertake operations which their conscience should have upbraided them as useless cruelty, but are lucky enough to console themselves under the shadow of a scientific murder.

This is upon the order of "Frere Jacque"—"I have operated; may God cure thee."

As some of the most important cases of conservative surgery, I would mention the radical cures of hernia, aneurisms, varicose aneurisms, and veins. These radical operations and cures must certainly be considered as conservative surgery, as they present the chances of a most disagreeable and dangerous disease, and the necessity of a still more dangerous operation.

The nomenclature of surgical diseases, the greater simplicity of instruments, and the constitutional treatment of surgical diseases, have been vastly improved in latter years, and are still attracting the attention of the most scientific of the profession. But a few years back, our "Armamentarium Chirurgiæ" consisted of almost every tool to be found in the carpenter's and blacksmith's shop, not excepting the bellows, the hot irons, and the vices. Afterwards, a special mechanic was instituted, under the appellation of *Surgical Instrument Maker*. Then it became fashionable to have fancy, complicated, ingenious, useful, and still more useless instruments.

Perhaps the beauty and complication of an instrument have added to the repute of a surgeon, especially in performing minor and ordinary operations; but I am not aware of it. The imposing show and grand display of elegant, shiny, and complicated instruments, with screws, ratchet wheels, jacks, and springs, &c., are most usually intended to either veil ignorance or unskillfulness, or for the lookers on and their constituents, who at the sight of all these things are disposed to raise their hands in holy

horror and admiration, crying out, "O what a man he must be, to know how to use all these things!"

Truly many of the ancient, as well as some of the more modern instruments remind us of the torturing ones used in the Inquisition, upon the suffering martyrs.

Fortunately, surgery is now falling into other hands, and this spirit of ostentation and duplicity is fast fading away, and yielding to moral worth and feeling. The evil may be said to have worked its own cure, and surgeons have found, the more simple, plain, and uncomplicated their instruments, the more easily and satisfactorily handled.

We are reminded of a late invention of an instrument, which we are not inclined to think adaptable to the uses to which it has been put, and are even inclined to censure its employment. I allude to the "Ecraseur" in amputation. In tumours, more especially, when much hæmorrhage is to be feared and guarded against, and particularly in operations for fistula in ano, we know it to be a most excellent and beautiful instrument. But to amputate a limb—first cracking the bone with a bone cracker, then bruising, tearing, and twisting off the limb—we think is rather falling from the refined taste of the present age.

We don't think the ancients, or any of our savages, ever arrived at such scientific refined horror. This may answer for France, in their ill ventilated hospitals, with their proverbial bad habits and constitutions, where they die under *all* amputations with the knife; but we much doubt whether we will ever be necessitated to use it in our country.

Formerly, and for many years, the fatality of amputations in this country was in the ratio of *one to two or two and a-half*; but it is now reduced to *one to four or four and a-half*. Doubtless, this is attributable to anaesthetics, and our ability to more successfully contend with irritative fever.

The very latest operation with the "Ecraseur" is the complete excision or extirpation of the tongue, by Mr. Ferguson and Mr. Syme, and still later by M. Ricord.

All these were performed for cancer, and all of which resulted in death; but it is but justice to them to say that this result was attributable to other causes, with peculiar circumstances of the cases, than to the operation itself. Mr. Syme, however, comes boldly out, and repudiates and derides the operation, and says, he himself would never again perform it, even to take the philanthropic hallucination of desperate chances.

Our very latest reports from abroad cite ten cases of amputation with this instrument—two arms, two forearms, one thigh, and five legs. Of this number there have been two deaths.

The object sought by this mode—the reason of its adoption, is, that it lessens the danger of phlebitis and purulent absorption; yet, in the post mortems of these two fatal cases, no traces of either the one or the other could be detected.

I think there is nothing more significant of how closely one improvement or discovery is dependent upon another, as that of the conjunction of anaesthetics with this operation with the Ecraseur; for we do not believe that an operation of any magnitude can be successfully performed with it, without the patient is first under some one of this class of agents. And farther, we are much inclined to think, that had not anaesthetics been in vogue, neither the instrument nor the operation would have ever been invented. However, with the French, the adoption of the use of this instrument is a “*necessity* which knows no law.”

Another instrument of which we will speak, is the *Ophthalmoscope*, or *Eye Speculum*. It greatly takes the precedence of everything of the kind ever invented, and is really a beautiful thing of itself. The facility it affords in diagnosing diseases of the eye can but be highly appreciated by every one who has such cases to treat, and who knows so well the difficulty always in positive diagnosis.

The ophthalmoscope is an invention of M. Helmholtz, of Bonn. It was at first ridiculed and denounced by the English surgeons as a *dangerous toy*, but experience and experiment have proved differently, and practitioners are

now learning to use it, and to interpret what they see. I is certainly destined to open a new era in ophthalmic medicine; and in the hands of experienced persons, the treatment of all diseases of the eye must be greatly simplified and facilitated.

To be successful, however, it requires close attention and observation, as it is necessary to study and know the eye in health, so to judge and know its disease.

“Pour savoir l’homme malade, il faut savoir l’homme sain.”

There is a *fashion* in instruments and operations, as well as in the use of medicines. The ophthalmoscope, the ecraseur, silver sutures and ligatures, hot irons for cauterization, and electro-cautery, may be considered *the fashionable* and vogue instruments of the present day; whilst the different operations and experiments—such as removal of tumours, hæmorrhoids, fistula in ano, and lastly, amputations with the ecraseur; the operation for vesico vaginal fistula, with the silver sutures and ligatures; cauterization and moxa, direct or indirect, through the electro-cautery, for almost every known pain or disease; and lastly, excision and resection of bones and joints—may be considered *the fashionable operations*.

The two most in vogue among the Parisians are the ecraseur and cautery. The advocates of both, it is to be remarked, apologize for the use of these seeming barbarous operations, as being necessitous under the circumstances. But we congratulate ourselves that we live in a country and a clime *so salubrious*, that we hope never to reach that acmé of necessity.

For the operation for vesico vaginal fistula, as performed with the silver sutures and buttons, we are indebted to Dr. Sims of New York, but formerly of Mobile, Ala., and Dr. Bosman of the latter place. The relative proportion of credit for the improvement in the operation for this very baneful disease, we will not attempt to discuss.

Dr. Sims, in his paper read before the New York Academy of Medicine, describes this operation very graphically, and reports numerous cases of the success of the silver suture, where all other things have failed. He recom-

mends it in all cases where either suture or ligature may be necessary. Since, the English surgeons have been acting upon the suggestion, and speak most highly of it. They, however, in ordinary sutures and ligatures, used *platinum* instead of *silver*, as being more tenable and pliable.

Among the fashionable medicines we will particularly mention the different salts of potassa, as the *acetates*, *citrates*, and *phosphates*. For these, we are indebted to Mr. Golding Bird, in his treatise upon urinary deposit, and more particularly his paper upon blood depuration by the kidneys.

The different preparations of iron are again in the ascendant; we allude especially to the persalt or persulphate, or what is known as "Monsel's Salt."

A long time since, attention was directed to hæmostatics, but all discoveries failed to stand the test of experiment, or to sustain their reputation.

Several of the most prominent were eau de Brocherii, eau de Pagliari, and Benzoin d'Alumen.

M. Monsel, surgeon of the Military Hospital of Bordeaux, is the undisputed discoverer of the hæmostatic principle of this salt. It not only controls the hæmorrhage from small vessels, but even those of quite a calibre.

It acts, not as making the artery contract upon itself, but by instantly upon contact forming a coagulum.

The chief virtue, however, of it, as a hæmostatic, is, that it does not cauterize as *nitras argenti*, potassa fusa, or actual cautery, nor does it destroy the most delicate tissues, or interfere with the curative and restorative process.

As soon as the blood comes in contact with the salt, a firm black coagulum is formed, absolutely insoluble in *water*, *serum*, or *saliva*. It will be invaluable in hæmorrhage from the throat, mouth, and nose, as also from the uterus and rectum. In operations for removal of large tumours, in which hæmorrhage is the all and most important thing to dread, a basin of this in solution, with a sponge, will be a safeguard, at the same time facilitating and allowing dispatch and cleanliness.

In cases of cachectic predisposition to hæmorrhagic tendency, the knowledge of which often forbids the surgeon from the use of the knife, this will again prove invaluable.

But we must not promise ourselves, for we have been too often disappointed in such *ante-sanguine* expectations. Everything, however, has a beginning, and nothing is proven but by experiment, observation, and demonstration.

It is now being tried for the different varices, varicose veins, and tumours; and I doubt not, if found efficacious in the veins, will also be equally so in aneurisms. This is done by injecting into the vein a half drop or a drop, with a syringe peculiarly adapted for the purpose. There are some precautions necessary in thus using it, as of course it would not be prudent or advisable to allow it to enter the vein towards the centre of circulation, the causes and reasons being apparent.

It seems to act much upon the principle of the galvano puncture, used by the French and Italian surgeons for aneurism.

Certainly, the two most important indications in the improvement of all surgery, are *hæmostatics* and *anaesthetics*. A mode of producing anaesthesia, and especially of complete *local* anaesthesia, and of having an article to control hæmorrhage, without any deleterious effect upon the parts, would be the grandest practical discoveries in medicine; and he that makes them can be envied by none but the ignorant and selfish.

(To be continued.)

TREATMENT OF ERUPTIONS AROUND THE ANUS. By JOSEPH BELL, Esq., Gateshead.—Occasionally we see obstinate cutaneous ulceration surrounding the anus in children. Considerable tumefaction attends it betimes, and deep fissures are occasionally seen. This disorder is probably herpetic, and almost always can be cured with yellow wash. The proportions being from 1 to 1½ grains of hydrarg, bichlorid, to 1 ounce aq. calcis. The part is to be frequently bathed with it, and should the lotion produce pain, it is to be diluted with water, and when at rest, a little lint soaked in the lotion is to be applied and left on the part; deobstruents being at the same time administered.—*Med. Times and Gaz.*

ARTICLE IV.—ON THE ACTION OF MEDICINE—A Polemico-didactical Rhapsody. By DR. G. KEIDEL, of Baltimore.

"Nec ab antiquis sum, nec a novis; utrosque sequor, ubi veritatem colunt."

I must confess, in starting, my discouragement in view of the many difficulties included in my task. Its mazy road—in consequence of the intimate relation of my theme to the fundamental doctrines of medical science—must needs meander through the foggy and desolate provinces of *Biology*—(mostly superseded now by the minute researches of Physiology and hair-splitting "*de-usa-partium*" details, based on *factotum qualitas occulta* "INNERVATION,") whilst, according to *Carus*, medicine lacks rather a thorough philosophical (Biological) inquiry into the complex organico-vital process) of *Pathology*—alas! "*la science encore à créer*—will say—not yet existing at all!!—*Magendie*; and likewise of *Therapeutics*, (double alas!! our, though oldest, yet greenest doctrine;) besides, skirting *Historia* (those discarded swathings of *Neonatus*—"modern medical science,"—which, according to *Louis*, entered the first time in its true "baby-stage;") *nec non Physica* (with its iatro-mechanical and ditto chemical encroachments upon the old Glissonean Phoenix—"abstract vitalism"—resuscitated mainly and fostered by *Paine*;) and last not least, *Metaphysica* too—(that "serpent" of old encircling the transcendental Utopia of the "Paper-Philosophers.) Mine is a task, then, which has to treat "*de omnibus rebus et quibusdam aliis*," (these latter being abominable "by-matters") and all this not so well *methodo dogmatica*—that placid way *sub Consule Planco*, when there was still belief in "Verba Magistri" and "Things unseen," and a man was permitted to expound his ideas and opinions on "*grand folio royal*," peaceably and leisurely, and at full systematical length and breadth. Now, on the contrary, that task has to be done rather in the way of guerilla-warfare by means of a privateer-craft of but light draught, and armed with polemical weapons of so con-

densed and compact a form, that their invoice shall not exceed in extent a "*Visit-Card*," as is the fashion of the present day. By such an arrangement alone could the "practical" passport be acquired, which is needed for launching on the great literary thoroughfare—this wonderful Mississippi river of "Periodicals,"—whose "*Dribblings*" now almost exclusively water the meadow-ground, where the "*Milk-Cow*" (both of the fat and lean sort of Pharaoh's cattle) is feeding on the immediately usurious "*Cui-bono*." I say, in these warlike, time-sparing, effort-weary, and thought-loathing times, the Rhapsodist must needs proceed in such a small and light manned craft; accommodating the cargo to the sails, to the exclusion of ballast, and all "owls for the market of Athens" in order to keep it buoyant when passing the shallow waters in which *Cui-bono* is sailing along *taliter qualiter*. Besides,—as it will become obvious soon, it requires much agility and pliability to mingle in this common critical guerilla-warfare,—not to mention here the pitched battles fought in the old standing "Feud" among the "Theorists and Practitioners" (see Dr. Williams' "Gen Pathol.") a veritable "*Bellum omnium contra omnes*." Or is it not, that Doctor's opinions, though "clashing" proverbially ever since the earliest times, are at war now with one another *à la quot capita tot sensus* more than ever before? It is true, these opinions pass for but what they are, namely, for "opinions as are *opinions*," and as such, for mere by-matters. Notwithstanding, they are kept in course broad-cast; and the more equivocal their credit during the present ruling "*Theory-panic*," the more anxious appear the literary brokers to exchange them on the market; just as is the case with the paper-money of a recently broken bank. Are we yet living (according to Dr. Wegg's "Observ.") in "*these times of doubt*," where "stubborn facts" become sheet-anchors, and "*où l'on ne dit plus je pense, je crois, mais—J'AI VU!*" (as *Reveillé—Paris* boasts;) and where "Reason itself thinks reasoning out of season" (as *Byron's Don Juan* sneers)? Never mind here the *hysteron-proteron*, as (according to Bacon) "God created the light of the

Senses first, and the light of Reason last"—(this is in and with Man,) nevertheless, "Thinkers are scarce" (*Carlisle*) and "Doctors, who see much think but little" (*Zimmermann* "on Exper.") et "*la faiblesse de la pensée médicale à notre époque*" (*Trousseau*) has become entrapped in *green thinkings*." No wonder, then, that systematical skeptics and "learned ignorants" (both "not knowing what there is already known," *Dr. Symond*, London,) play the slave to cover their very "Feebleness." Do they yet pride themselves on spurning all reasoning as mere *à priori* speculation, stigmatized as a dealing in stuffs "from which our dreams are made"; or as "quarreling about the priority of either the egg or the hen." For, according to the logic of their *Jai vu* platform, it must appear self evident, that all which lies beyond their sensual horizon is—*non-SENS*,—which no sound minded man will ever gainsay, did he also not belong to the blind believers in Aristotle's old axiom: "*Nil in mente, nisi quod antea in sensu.*" Here it may suffice to quote from *La Place's* "*Catechism des Probabilités*" that "beyond the boundaries of *Anatomy visible* begins the reign of *Anatomy INVISIBLE*." Yet *La Place* was no blind believer in the "Invisible" *αἰθέριον*; as is best proved by his so much abused saillie, uttered in the presence of Napoleon I., "*Sire, je n' avais pas besoin de cette hypothèse!*" to parry the great Emperor's scolding for his having got along through his "*L' Universe*" (his most celebrated astrological work) without ever naming God. However, as the great Emperor wanted "*l'hypothèse indispensable*," as a soldier and a statesman, his army-captains had, in the absence of the field-chaplain, to cry out in front of the troops led on to the charge: "*Messieurs! sur parole d'honneur, il y-a un Dieu.—Marche!*" Be that as it may, since the great French Révolution "*Intelligence had grown popular* (probably in the way of T. Shandy's cold reckoning, "that the single streamlets run thinner in proportion as the main stream gets more divided; there being at hand always but a limited providential stock for every generation,") and the young democratic generation flourished the standard of Revolution also in Medicine" (as *Guérin*

boasts.) "*Individualism*" with the motto: "*I am as good as another, we'll say, a little better,*" (Holmes) then became the new battle cry, with the variation: "*Anch'io Pittore,*" though but a white-washer!" And how they understood to the letter the other cant-words: "Liberty and Equality" which come from the feat of that iconoclast (of the sort which Burke called "*Vaubans of destruction*") who beheaded the apostle-statues before the Strasburg-Münster for no other reason but "because they dared look over other people's heads" (namely, from their niches a yard higher than the parterre.) Thus, then, we got at *Tabula rasa* and therewith at the millenium of "every poet his own Aristotle," when Doctors got full liberty to indulge in their old hereditary vice ("Erb-Lastateser) as *Dr. Siebert* designs our weakness to fabricate *viritim* our own theories of the the "*naked matters*" furnished by the exclusive fact-hunters. Although they often scarcely fall short of that *nec-ultra* pattern, invented by Lichtenberg to serve as a sort of deterring bugbear, whereby the "*Aurora borealis* was deduced from the glare of herring tails" (reflected on the skies *en masse* by the shoals of that fish peopling the Arctic seas;) notwithstanding do those *ipse-fecits* get in course, backed, as they were, by the covenant: "Gentlemen will let pass mine, as I let pass theirs," (Headland.) Lo! what a checkered variety of these fancy-children, hatched *à la quot capita totsensus* from the dear-bought naked matters,—those direct answers of Nature herself, cross-questioned in all ways and by all means of the *fiat experimentam in corpore vili*," either on the sick bed, or in the crucible, or by *vivi sections où la torture interroge, et la douleur répond.*" "*Do not think but trie*" (Bartlett.) Never mind its many *quid pro quos*, and superstitions in the bargain. Forsooth, whilst Mühry ("on English, French and German medicine") had wondered at the "vast theories built by our fathers upon their small basis of facts;" you have every reason now to wonder, on the contrary, at the whimsical, and contradictory theorems their "wiser sons" are erecting now upon the vast piles of so called "exact facts," amassed since half a century at a quite overwhelming rate.

Can these "*petit theorems*" not serve, I may ask, as an additional proof of the truth in Goethe's saying:

"Und was sie deinem geist nicht offenbaren mag,
Das zwingst du ihr nicht ab mit hebeln und met schranben."

"And what to your spirit to reveal, she (Nature) didn't choose,
You can't wrest from her with wheels and screws."

Now, Cullen's old favorite saying, "that Medicine was less poor in good theories than in good facts," however paradoxical it may appear to many eyes, finds new endorsers in such distinguished critics as *Forbes* and *Oesterlen* (resp: "Brit etc. Rev., et Med. Logic")—a strange fact for the twelfth hour of the *resplendent* glory of our exclusive empirical epoch! Be that as it may; *causa victrix* *Dei* *placuit*, (see hereafter exposed the pseudo-philosophical "*Bach-anals*" spoken of in Humboldt's "*Cosmos*") *sed victa Cætoni*." For, *post Carthaginem deletam* (viz: intellectual philosophy *et harmonia scientiarum*," *Bacon*) fact-hunters felt more at liberty to chase "the game which is hidden in every bush," (*Newton*) never minding the old warning: *boni venatoris* *PLURES feras capere, non OMNES*." Happily is there abundancy in stock to last until doom's day! However, taken in the lump—no previous epochs whatever could boast of so great results regarding crops of "naked matters." Never mind their being gathered "*manubus nudis*," in the near-sightness of the *Mole*. Never mind, I say, as this scrutinizer sees at quarter-inch distances sharper than even the *Eagle*. *Chacun à son tour*, then, of course. For, as far-sighted as this latter proves,—thus, to mark his prey from out the farthest height even though it be but a *mole*—he views yet more the forest than the trees; whilst the former (*Mole*) is *vice versa* bound, to view the trees only and not to take in the forest—whence the proverb: "Can't see the forest for the trees." So, alas, of those of which Goethe says:

"So weit die Nase reicht, da mag's wohl gehen,
Was drüber ist koennen sie nicht sehen."

(With all in their nose's reach they may agree,
What lies beyond, they cannot see.)

This exactly squares with the old

"Quæ supra nos, nū ad nos."

But his Moleship is greatly mistaken in waxing exclusive and overbearing on account of his anomalous Forte—*Myopy*, at the expense of his Eagleship's Forte—*Presbyopy*; mainly is he and mistaken when forcing his own natural deficiency upon those who keep the middle line, the *juste milieu* in visional respect. Nay, more still, when he is boasting even of his own narrow (*e musea elephantem*) horizon, under the *nauseam usque* current misnomer "*docta-ignorantia*," making altogether a sort of *lip-religion* thereof under cover of the old scholastic definition: "*Nescire quæ MAGISTER MAXIMUS docere non vult ERUDITA INSCIENCIA est?*" Be that as it may, the said crop was very much needed, and suits right well to supply, by its really great discoveries in the "microscopical world of the infinitesimal *Petit*," for the deficiencies of the previous ("*intellectu nudo*") epoch, which in its predilection for the *grand*, like *Sencea's* imaginary rich man, "*omnia magna putabat—uxorem magnam, grandes equos; abhorruit omnia parva: magna pocula, calceamenta pedibus majora*; with its long train of *philosophunculobullies*—"ampullas jactantes et sesqui-pedula verba!" An awful contrast, indeed, with our present exclusive fact-hunters, possessed, as they were, by a genuine Harpax'-insatiableness and Miser's logic which reads: *ubique TANTI quisquam sit, QUANTUM habet*" (*scil*: "stubborn facts" and "naked matters.") However, more liberal people think that not mere possession, but application and right use renders these really rich. Certain it is, after all, that those deficiencies then were much lamented by true philosophers (Schelling a-head,) who incessantly urged, they should first ascertain "which is which" in its unvarnished, simple objectiveness. But there never occur in history "benefits without drawbacks!" (Macauley)—as is nicely avowed also in St. Augustinus' motto: "*Haec omnia INDE esse in quibusdam vera, UNDE in quibusdam falsa sint.*" (How dear it cost *Broussais* to have missed the understanding of this great truth respecting "*one-sidedness*," see hereafter.)

It hardly needs mentioning here that a "polemical Rhapsodist" will prove less prone to coax the "benefits" by joining in the numberless corusses of Hosannah—"Progress-Shouters" and unconditional eulogists, than inclined to chase and harass the "drawbacks," were it even at the risk of appearing a foggy-sticker for the old *mumpsimus*-line, and blindfolded renitent to the new *sumpsimus*-progress-era. But stop! Dr. Johnson—the old Leviathan of Philosophers and most sincere devotee of Truth—once entreated the men of his time: "Endeavor to clear your mind of cant!" True, not all motion is progress; for—as it is with "jaded horses"—there may be "*all motion and no going*," and in such an emergency unprejudiced people think "*non melius de laudato pejus de laudante*," were it even the smartest of all smart jockeys. Yea, *Paterculus* said of *Cato*, "*jam ipsum laudare nefas sit*." It is certain, the more there is of intrinsic, sterling worth, the less puffing. No matter how much at variance the *quot-capita-tot-sensus* opinions and *quid pro-quos* of individuals in this respect! Heavenly *Adrastea*, in due time, will put aright with her level all sublunary things. *Voltaire*, for inst—that smartest of the smart—once declared that Shakespeare's plays were the productions of a mad man; whilst he ridiculed Milton's sublime ideas, and spoke so disparagingly of *Dante* as to say—after having cited several passages from his "*Divina Comedia*"—that "this would suffice to keep off readers from perusing the rest of that nonsensical poem." ("*Dict: philosoph.*") To-day those unparalleled Poet-heroes rank throughout the whole civilized world (France included) with *Cato* in the estimation of all enlightened men. Further, in the old French contest about the *antique* and *modern*, those who sided with *Voltaire* joined always in the shout: "*Vive l'Homère!*" at the close of every single combat—(*bravo!* those sincere fellows.) Now, the classic-archæologist Winkelman has found out the essential differences of both,—a discovery which is worth mentioning here:—"The ancients"—he says—"placed Beauty and Truth always in the depth of their works; whilst the moderns—like *impoverished shop-*

keepers ("verarmte Krämer") detail all their stock on hand at the show windows." *Chacun à son goût*;—yet few have depth enough themselves to penetrate depths of others, whilst "show windows" are *à la portée de tout le monde*. Be these "by-matters" as they may; never was there a *Position*, but it found, and *really required*, *Opposition*. And the latter is the more justified here, as true Experience,—we'll say, the "*nec manibus nudis, nec intellectu nudo*" way of Bacon, appears thoroughly perverted, and its very dignity "*endangered by green thinkings*" (*Fichte* Characteristic of Modern Philosophy) and logical flaws of the very worst kind. All of which are so utterly subversive of the great humanitarian mission of true science and art—these great coadjutors of the reign of divine Ideas on earth. "Strive above all for *the Kingdom of Heaven!*" as a classic sentence goes—"and therewith all other things needed" (down to Henry IV.'s *Poulet au pot* at Sunday) "will fall in your lap besides." Do not trust the syren-song "*Vive l'Industrie!*" of those Utilitarians. They *think* in science, as Bashkiers *pray* in church; with the difference only, that the former put a heap of "stubborn facts,"—the latter a heap of "ready made prayers," into a suspended leather-bag, which they toss about continually "Jingle, jingle!" Do they yet proclaim that "the inventor of the Needle" (by the way, a Negro in Queen Elizabeth's reign) has deserved better of humanity, and promoted farther its essential interests, than even *Plato* did with all his wisdom and science, and *Raphael* with all his art and paintings." *Habeant sibi!*

As a *glebae adscriptus* of the indefinite meadow-ground, where the "milk-cow" is feeding on the practical "*Cui-bono*" ("*ce ban de l'age*." M. de Stäel) in shorter words, as a practical Mediciner pure and simple, I almost shrink from the both thankless and intricate, not to say gratuitous task of critically facing an epoch so glorious in *general*, as vain-glorious in *particular*. Forsooth! do "those gentlemen from the other (physiological) side regard a modern mediciner but as a representative of the "*most un-scientific of all sciences*," (Mueller's Arch. of Phys.) good

enough to be “nailed by his ear to the post” every where by every body! Whilst the *predicate* “PRACTICAL”—though deemed by the gentlemen from this side their very *epitheton ornans*—always provokes by its very sound already an “horror vacui” in the Physiologist *Schulz* (at Berlin—as related in the Brit etc. Rev.) Not to mention that the “*medical David*” cannot reach any more at the “*chemical Goliath*” (Dr. Steiner in “Chem. Rep.”) Nay, will the Rhapsodist not be looked-on by others as a “*book-worm*,”—“much versed in books, but shallow in himself” (Milton) ranking with those censured by Dr. Denmann (of England) for “constantly praising learning at the expense of knowledge” (the “*cui-bono*” sort?) No matter, *nil timeo, nil spero!* Meanwhile, this periodical having been started (self-confessing upon a higher scientific line) its Editor (my highly respected friend) has condescended to open its pages for a series of articles, of which this present exhibits the first *experimentum crucis*, alas! of a German smatterer in English composition. What a risk, both for Editor and Contributor! Are we not living in the millennium of *Polygraphia garrula*, where more than ever “*le style c’est l’homme* ;” and “Chastity and Elegance” of style (Bartlett,) et “*l’artifice et le prestige du langage*” (*Trousseau et Broussais*) are *Mattadores*? At such a juncture, how intimidated and crest-fallen must not a smatterer feel who, like the Rhapsodist, commenced learning English so late as his fifty-fifth year;—too late, of course, for ever learning it right! And if it was not *gratis* (for he has worked hard during his seven years stay in this his adopted and beloved fatherland) it may, perhaps, be in vain that he has devoted so many leisure hours to that, *me Hercle!* not easy job, implying, as it were, a lavish use of *Buffon’s* and *Goethe’s* judicious expedient, namely, “to learn writing by cancelling.” However, *hora ruit* (and so much the faster the nearer the end of life’s shortmeasured hour-glass) and the tyrant, Time, presses upon the Rhapsodist to *get ready* any how,—howsoever intimidated he may be by his self-conscious insufficiency, on the one hand, and his apprehension about becoming a “Ready-writer” *à la mode*, on the

other;—*nonum prematur in annum* being out of fashion. It was quite otherwise with the above named great stylists; they were still in their prime when they resorted to that expedient (cancelling,) by which great *Buffon* was enabled to boast that, “when he had penned a composition the *first* time, hundreds of men might be found in France able to do it as well; after its *second* writing, perhaps but ten; but after its *third* and *last* (O lucky man!) none but himself alone.” But no stylist, however great and skilled in avoiding blundering, should praise his luck before concluding his task; for great *Goethe* himself, in his old age, oftentimes forgot his previous expedient so much as to fall a victim even to minor critics (like *Menzel* and *Heine*.)

Now, as the Rhapsodist, as such, is bound to “*plough with his own heifer*”—however great his linguistic insufficiency—he may be the more permitted to cling even to a straw to save his “heifer,” not so much in view of the scorn of those unattainable English models he admires most, but rather before the hyperæsthetical indignation of those fastidious stylists he dreads most in face of *hic Rhodus hic salta!*—“*Printing press*.” Thus he may allege, then, to excuse the tardiness of his apprenticeship in English, that *Cato* the *Censor* turned school-boy (“*senex bis puer*”) when in his *eightieth* year in order to acquire the Greek language. Not to mention *Dr. Sickles* (the celebrated oculist at *Paris*—by the way cotemporaneous with the Rhapsodist, and known to him as one of the most industrious and distinguished among the fellow-visitors of *Jaeger’s* celebrated clinic at *Vienna* in 1826) who began studying even *Arabic!* late in life, in order to prepare himself for expounding and commenting on a *single* treatise of *Hippocrates*. Regarding *Cato*, *fama tacet* whether he ever, or how he learned to *write* in *Greek*; whilst as to *Sickles*, the world hardly will expect to see proofs of his ability to write *Arabic*. I mention this for the purpose of insinuating the old truism, that the capacity to simply *read* and *understand* (*taliter qualiter*) a foreign idiom is far surpassed in difficulty of acquirement by the ability to *write* it either in a palatable or at least in an intelligible style, mainly if it

regards critical matters of science. And though it might appear an easy matter to avoid gross verbal blunders (like the well meant farewell: "God *pickle* you, instead of preserve you, Madam!"), so likewise, acquiring a common-parlance jargon for every day's social intercourse, it is quite a different thing with "*congenial thinking*" in a foreign idiom,—this most essential, although almost unattainable part of the whole business. And this is so sensibly felt even by mere translators, that the highly creditable translator of Oesterlen's "Medical Logic," even though assisted by friends thoroughly versed in German scholarship, had to despair of "turning German thoughts into plain and fluent English" (see preface l. c.) In this respect, then, a judicious indulgence (not to say, *misericordia*) is to be expected from every judicious reader, provided he be a benevolent one; for captious critics, grammatical "*gnat-strainers*" and "Ism-hunters" (Germanisms, Gallicisms, and so on) resemble the schoolmaster who, when looking through a telescope at a brilliant comet, was most troubled about its grammatical genus, whether it might be a "He" or a "She"—"*an Cometus aut Cometa?*"

This prolixity in pleading *pro domo* (dabbler-style) may appear, if not altogether a bore, yet *hors d'œuvre* on a narrow arena like this, where despatch is chiefly needed in view of all the debateable matters before me. However spiced *cum grano salis*, it might well appear an essential part of the *critical* analysis, necessary to the *didactical* synthesys which will follow. And as Rhapsody, in its intricate mazes, has often to *proceed* by way of *digression*, so I may enlarge on the many-sided theme, "Style," in a polyglottic and cosmopolitico-scientific respect. The German language proved ever since the very stepchild of linguistic *Alma-mater* abroad. *Pope* sneered (in the "*Dunciade*") at it as "sounding as though *forty* Germans were scolding;" whilst *Charles V.* (emperor of Germany and king of Spain) used to declare that "he employed the *German* idiom but to scold his enemies; the *French* when treating with courtiers and ladies; and the *Spanish* and *Italian* for conversing with gentlemen." Had he known

English, he probably would have chosen that valiant language for critico-polemical warfare. But all this bears rather on the *shell* than on the kernel; and this it is that causes the great rub about *Teutonism*. Is the "Kernel"—(essential spirit) yet congenial to those "*misty children from the realm of the fogs*,"—where "cloud-hunting" is as homely as "fox-hunting," or "*calambour-hunting*" in other countries. Fortunately *Madame de Staël* (*sur l'Allemagne*) could always discover a "*Juno*" in those clouds. Be that as it may, German savans remain still "good chewers and good digesters" (Macauley's "*Essays*") whilst they are descendents "*de cette terre classique*," (as the ingenuous *Cruveilhier* said in his obitutorial oration on *Breshet* "*qui autant et plus que personne a concuru à importer en France les travaux scientifiques de l'Allemagne*,) *cette terre classique des vues metaphysiques les plus transcendantes, et en même temps—chose bien remarquable—des travaux d'observations les plus minutieux et les plus positives*." But, alas!—as Lichtenberg sneers—"the Germans forfeited by their *Mania translatoria* the honor of ever being translated in their turn." And Goethe's appeal to young German litterati, "to apply to the study of foreign tongues to obtain the means for translating into them the precious literary stock of their native country," has been rarely, if ever, responded to as yet. Postponing a closer exposure of this *anti-cosmopolitical* state of things, I may here but exclaim: Lo! what a spectacle, to hear brave *Chomel* ("Gen. Pathol.") sincerely regret—after having got, by hear-say, some notice of what?—of Hufeland's "*Pathogeny*" *ab Anno I (!!!)*—"that such like standard works remained still inaccessible to Frenchmen, both as to their letter, and more than that, to their *spirit too*, (*Hinc illae lacrymae*, then; and forsooth! they are no crocodile's tears!—wept broad-cast, as they were, about the "realm of the fogs" and its "*misty children*.")) What a spectacle! furthermore, to see *Bartlett* ("Philos. of Med. Sc.") confess to "know nothing at all of the German language and German literature." Happily so, perhaps, because they thus escaped from his Gallomanic rage, in

which he asperses with wholesale verdict the "*Anglo-Saxon race*" (including the schools at *London* and *New York*," see last page l. c.) for the hindering and mystifying influences of their bad philosophy" (*quo-uoque tandem!!*) On the other hand, he valorously defeats "general Physics" and *Cuvier*, regretting the still existing "Lack of a natural-historical *Newton*," by filling that "vacant see" for our glorious medical science (a lucky *Matadore!* if not a water-shoot altogether, as many think, on the giant tree of Natural-philosophy,") by whom?—by half a dozen live Frenchmen at once!! thus almost beating the *Scholastic*, who could, at his heart's pleasure, "make half a dozen Angels dance at once on the very point of a needle." Happily those times are gone by in which a Spanish monk, in his vain-glorious patriotism, could exclaim in the pulpit: "How, my gracious, could it happen to such a holy man, as *St. Rochus*, to be a Frenchman?" (see Zimmermann on "National Pride"—a treatise as celebrated and classic as his "on Exper.") Now how do Frenchmen correspond to such an exclusive Gallomanic worship? *Trousseau* l. c.—in paradisean innocence and indifference regarding the real *status quo* of our science and its literature abroad—condemns both the English and German (Anglo-Saxon race *et Co.*—cousins *Germain-Germani!*), save the Gallomanes among them, "as lost for ever to sterling science!! *Et "nulla est redemptio ex infernis!"*—And wherefor? you may ask,—because they,—“unprincipled and lukewarm eclectics,” as they proved to be on their “ruined theories of old, and their unattainable hypotheses of to-day”—refused to pass the French *Lethe*, that almighty "*Torrent de la Reformation par Broussais*" (*Trousseau* l. c.) For, as the *post-Paradisean* deluge swept from earth—to make *tabula rasa* there—all sinful people and cattle in the bargain, so it (the torrent) cleared the whole theoretical past, leaving scarce a vestige behind. The great work, *L'examen des Doctrines*—the book of Books, (according to *Trousseau*,) superseding all the dear bought sibyllin Books both of the past and present, inasmuch as "no other nation is entitled to boast of such a *chef d'œuvre*,"

contains the nice assertion, coming from the great reformer himself, "*qu'il n'y avait que de la confusion partout*" during the whole past,—say nothing but confusion until his discovery *qu'il n'y a que de l'Irritation par tout.*" This is the corner-stone of his whole "physiologicistic lore,"—based upon the would-be witty *Idem-per-idem* definition: "*Qu'est-ce que l'Irritation?—Eh bien! c'est l'Irritation!*" (see "*Sur la Folie et l'Irritation.*") "*Ramenant toute la Pathologie à l'inflammation*" (as *Trousseau* says) *Broussais* made *Inflammation* (*pura et puta*, simple and identical) the all-deafening battle-cry and single-worded vocabulary for *Morbona's* dire troops, infesting both men and cattle. And as *Irritation* (the "*positive*") and *Inflammation* (the "*comparative*") were nothing else at the core, "*qu'un excès de la vie,*"—both quite consistently lead to the "*superlative:*" "*Que la mort même n'est qu'un excès de la vie,*" ou "*la vie trop vivante!*" *Sapienti sat!* In the same way a New-Zealand savage once made *tabula rasa* of the Zoological vocabulary, by calling every four-legged animal he met with in the streets of London "hog," because that animal was the only quadruped known at his insular home. However, as *les révolutions en médecine se font en France entre la veille et le lendemain*" (*Trousseau*) it is not to be wondered at that *Andral* (contemporary and implacable antagonist of *Broussais*) declared the whole physiologicistic lore to be nothing but "gas," and ignored entirely *Inflammation*, despite her *factotum* ladyship's possessing the blood and flesh of a palpable and visible reality. There then was an end of the matter. This almighty—not Dollar, but "double Eagle," had turned suddenly into a trite fippennybit, viz: "*de la monnaie usée*" (*Andral*) which had to find its way back into the Mint, or, as a historic relic, into a numismatic cabinet. Thus *les extrêmes les touchent* dare repeat. Alas! the whole lore of inflammation and its cure—this "*Scientific Barometer* of the different epochs" (as Ph. v. Walther fairly designates it) came down then, *post tot casus et tanta discrimina rerum*, to so low a stand, as not only to indicate "*bad weather,*" but "*storm and hail!!*" to the great detriment of Doctors and their patients *à cette époque, où l'on guérit tout avec tout*"

(Gabarret.) For inst. *Pneumonia* is cured exclusively either by a six-to-seven times repeated blood-letting (*à la hæmatophilus* Bouillaud) or by "Acetate of Iron" (*a la hæmatophobus* Rademacher) or last, not least, by our *Alma-Mater* "*Brandy and Water*," if not altogether by "*merum*" from the polychrest bottle, "*Cherry and Alcohol*," as is the latest fashion, perhaps as a scion of *Trousseau's* "*Médication substitutive*," which always cures by "pouring oil into the fire *à la similia similibus*,"—A state of things that urges *Trousseau* to the outcry: "*Et l'on s'étonne que l'Homœopathie germe dans une telle decomposition!*?" However, to show, how the adage "*après nous le déluge*" turns, in these quickly shifting times, often into the reverse "*pendans nous*" etc., I may quote from *Mûphry* (l. c.) the following heart-rending scene occurring the wane of *Broussais'* authority (in 1836:) "There, in the large hall of the School of Medicine, he sits in the red cap of the faculty and his blue spectacles. He cries to his few auditors, filling only the first bench: 'Why, then, young men, is there no one among you with good sense enough to oppose this doctrine of general symptoms, so that science (viz: of "*Irritation*") may march on,—*march!*'"—(as though *courage* ought to supply the lack of *Reason*)—"But he sees at once that the spell was broken, when in the midst of the lecture the amphitheater fills with new hearers for the next following lecture of *Andral* on internal Pathology." This is not the proper place for introducing such matters, still I may quote the jubilant *Te Deum* sung by *Trousseau* about "*our wiser sons*" "issuing from the labyrinth of the old chaos," though underways still, alas! "*dans la période de transition du vieux chaos*." But, as according to the adage, "'tis the darkest hour which precedes the dawn!" As regards the above censure on the English and Germans it may be remarked here, that *Trousseau's* bold doctrines are being preached over all Christendom (Heathendom perhaps included) as his "*Traité*" in question is selling on the great world market at the rate of hot cakes in times of famine. The author himself is elated by his triumph and cries with much self-complaisance: "*C'est classique en*

France, contrefait deux fois en Belge, traduit tant de fois en Anglais, Espagnole, Italien, and Heaven may know all the etcetera! Nay, *Trousseau*, in all his before said "innocence and indifference," goes so far as to congratulate Germany about her "*quasi-lance d'Achille*," that heals the wounds made by itself;—"Polypharmacie"—"*débordante sur toute l'Europe!*" forming the wounding edge—and *Hahnemann* (though but the "*Pseudo-Messias*" of old) hear! hear! the healing! *Habes quod petis!* for *Hahnemann* "*était venu à l'aide aux medications substitutives*" (see hereafter exposed the quaint features of that theoretical bastard.) Now, we have lived to see *Louis XIV.*'s motto: "*L'état cest Moi!*" turned into: "*La Science ce sont Nous!*"—calling to mind the *bon-mot*: *L'Univers?*—c'est la belle *France*; et la belle *France?*—c'est *FACTOTUM Paris*;—which is vieing almost with yon Spanish monk's boasting in the pulpit "*ad majorem Dei gloriam:*" "that it was a most happy peradventure that, whilst the Devil tempted our Lord in the desert, he forgot to show Him *Espagnia*, lest we might be still lost sinners—in *saeculum saeculorum!*" But my pen must stop the lavish of its too fluid ink on "Tailors and Hatters—made gentle-man "style;" seducing to digressions, as it were, by dint of its sterility. Or rather let it be poured out in a different way, such as follows: May *Trousseau*, to his own heart's content, attribute *Broussais'* success in part "*au prestige de son langage*" (reaching almost to *Pascal's* "*lettres provinciales!*") May also *Broussais* sincerely believe that *Galen* (by the way the finest dialectician and most fertile ready-writer among all the tribe that ever treated *de omnibus rebus et quibusdam aliis*—his works and treatises (most part lost) surpassing the number of "one thousand and one!") missed success mainly by his lacking "*l'artifice du langage*," "*en dépit de tous les efforts d'Aristote*" (see "*Examen des Doct.*") This little matters of itself, and yet it is painful to see the patriarchs in Philosophy and Medical Science thus victimized by "our wiser sons," as the lamb was by the wolf according to fable. Perhaps, too, *Trousseau* still adheres to his "*renvoyons à Aristote toutes définitions pre-*

tentieusement exacts," uttered in the same connexion. Both are evidently devout believers in the verdict of old Cardamus: "*Majores nostros, ad præsentés collatos, juste pueros appellari*;" and we will let them pass. Meanwhile nobody surpassed, in testing the spell at issue, that grandiloquent *La Fleur* ("Sent. Yourn:") who appealed "*à l'Océan*," where a "bucket of water" would have done as well, namely, "test the solidity of a curt Yorick's Peri-Wig." No, no! "*cest du vrai que nous vivons et non pas du beau!*" *Et* "*recte scribendi scire est principium et fons; verbaque, provisam rem, non invita sequuntur.*" "*Ficum voca ficum, et ligonem ligonem*," as *Seneca* recommends. "Let the word stick to the thought, like the bathing-shirt sticks to the maid when rising from the water" (Klopstock "Gelehrten-Republic!) Let the "Thunder" (word) not be louder and more noisy than the "lightning" (Thought) is sparkling and luminous! (Jean Paul.) Let no "bombast," I beg, cover the emptiness of writers, as Parisian wats cover the attenuated calves and sunken bosoms of blazed gentlemen and ladies! In short, let us imitate those classic English authors from whom Goethe—self-confessing—learned his—so much admired—style. "*Verba propter res, non res propter verba!*" Nam "*verba nitent phaleris; et nullas verba medullas intus habent.*" *Et* "*cujuscunque orationem vides politam et sollicitam, scito animum in pusillis occupatum, in scriptis nil solidum.*" Thus thought and spoke *Seneca*, *Palingenius* and other "*Majores nostri*," who walked straightforward in closely fitting sandals rather than in "*calceamenta pedibus majora.*" Nay, more, as to instruction, a *rugged* style may serve the purpose even better than a *smooth*-one,—to believe in the assertion of such a notability as *Lamartine*, who asserts "that he has learned most from *bad* translations, because they always force him to a better chewing of, and a longer ruminating over, the contents thereof."

The contents, the *kernel*, is all we want, provided the nut-shell be yielding to the sound teeth that have to knock it. To be sure, "*crambes centies cocta*" will prove an unnutritious provender anyhow, whether served on

gilded silver and sevre's china, or on common earthen dishes. On the other hand, as to our crave-for novelties *en vogue*, if swallowed raw (thoughtlessly and uncritically) these will be likely to produce the same *Plethora crudæ et indigestæ molis*, whether they be offered in the circumstantial "Doctors' Wormwood-style" (Pope), or in the quintessentiated *in-nuce* form of our deputy readers—"Reviewers simple and compound." *

First come the "simple," which review and pilfer "*legenda*" Periodicals (with the motto, "*Varia lectio delectat*,") and "*re-legenda* works (with the motto, "*certa lectio prodest*,") for the ostensible scope, "*ne legantur*" Periodicals, "*nec re-legantur*" works proper. Then follow the "compound" (Reviewers of Reviews) which review and pilfer again the "simple" in their turn, under the same ostensible pretext, "*ne legantur*." The *apparent* benefits to be elicited from Reviews "compound" may be arranged thus: Regular readers of Periodicals (proceeding *à deux mains* both as lenders and borrowers, whence their superabundance of varieties,) and of "Reviews "simple" (being borrowers alone) are thereby spared the trouble and nausea of meeting a dozen times with the very same "stubborn fact," for inst! that "mashed potatoes form a good poultice" (*scil: faute-de-mieux*.) Furthermore, that the old battle-cry: "practical books is all we want" lowered down,—*via factotum* (in Positive) *Periodicals*, and *via factotum* (in Comparative) *Reviews simple*,—to the cry of distress, *Reviews of Reviews*, as the *factotum* (in Superlative) *non plus ultra subter solem*. A third apparent benefit emanating from the compound deputy-reading job is the following: As according to Voltaire, "*on n'arrive pas à la postérité avec tant de bagage*," the "deputy-readers" dutifully swallow all the "chaff" (bagage,) and

* By the way, as critical Rhapsodists evidently have to hit the *spots* rather than to mark the *beauties*, they can spare once for all a "*salvis exceptionibus*." Standard patterns of the kind, for inst.: British and Foreign Review, etc., (London) except themselves by their high ranking, namely, in critical respect.

throw up again the grains, (little-matters whether digested or not) included in that imposing envelope, in order to pickle and preserve them for posterity as stubborn facts *a la* "mashed potatoes." But now see the reverse of the medal, viz: the "drawbacks!" In the first place, they undermine the chewing and digesting powers of their readers by compelling them to swallow raw and in haste a superabundance of heterogeneous memory-provender—quite in contravention of mnemonics, though in keeping with the *horror vacui* of *Tantalus* when engaged in filling the *vat of the Danaids*. And thus they methodically induce intellectual dyspepsia—that protean imp oppressing so awfully our sceptics and learned ignorants, and inducing them to give up the art of thinking if they ever possessed it at all. On the other hand, they (the said compounds") favor *Plethora crudæ et indigestæ molis* so as to render their votaries conceited enough as to believe that they are standing upon the very summits of science, when in fact they are merely dealing in incomprehended words; and, as was the case with classic uncle Toby, too, "*not ideas, but words*" are the thing which kills them, or at least destroys their powers of conception and argument. There is still another inconvenience: deceiving their fosterlings by keeping them at the cheapest cost (both in intellectual and pecuniary respect) *au courant* of the new, and newest ideas, theories, discoveries, inventions, &c., they thus place them in the midst of a cross-fire from the daily printing batteries. But lo! what destruction is poured forth upon them from the mouths of these Columbiads! For, alas, what is puffed-up to-day as "easy splitting pine," and thereby kept buoyant on the surface of the high-tide of every-day's literary freshet, is to-morrow submerged by criticism again into the mud of the troubled waters. There "easy splitting pine" may fraternize with "unwedgeable hickory-root," doomed to a muddy grave as soon as launched, and sing the old cant: "*dulce est socium habere malorum!*" For, as in Heaven all are alike, so in that muddy grave, too; time's rapid torrent streaming indifferently over all the dead there buried, until, perchance, after

an indefinite lapse of years a lucky diver resuscitates the *pearl* hidden beneath the stream. Such is the course of this world!

Another consideration serves as a drawback in this connexion. As those Novelties, *en vogue* pell-mell, are but scions of the "*fiat experimentum in corpore vili*," those who have pinned all their faith on this last *experimentum crucis*, are driven on by imitative propensity to test the efforts of others by the efforts of their own *a la* "*double or quit*"-game. But lo! "*si duo faciunt idem, non est idem*" warned *St. Augustinus*! Thenceforth they turn sceptics, and retreat unto "*rose-colored water*," merely administered as a placebo for the sick, and win, like *Fabius Cunctator*, battles by not fighting at all,—nay, far better than by fighting *à-la* "*dashing and heroic treatment*." How very great imitative propensities are in the province of Medicine, the following statement will prove. At the time when *Civiale's* Lithotripsy became fashionable, every body (both of the laity and profession) was so much occupied with that very popular subject, that the urinary bladder waxed a sort of common public night-mare, both when awake and asleep. All (Doctors included) turned exclusively in their minds that *factotum* of curious anxiety and anxious curiosity; and as it is now the fashion, (sometimes even among Doctors) when they meet one another in the street, to put the question: "Are you still a believer in Medicine?" it was then the fashion to inquire: "Can you still make your water?" And the haunted parties anxiously started on the look-out for a suitable place to test, *stante pede*, the capacity of their bladder. Many became this way Diabetic by over exertion of the urinary apparatus. One man turned even crazy to such an extent that, fearing the deluges he daily and hourly poured forth, he suddenly retained all his water lest he might submerge therewith the whole city of Paris (where the incident occurred.) His Doctors then had to resort to a ruse by simulating a "fire" right opposite the balcony of his residence; and by imprecations thus finally induced their patient to let loose, for charity's sake, his pent up stream, "to quench the conflagration and

save the city." This ruse saved, at least, the poor fellow from a speedy rupture of his bladder—*si fabula vera!* This is a very wordy, perhaps *forced* allusion to an analogous condition of our "*Summae et Centuries Observationum*"-writers, a literary genre ridiculed already seventy years since by *Wictmann* (the celebrated father of modern differential Diagnosis) as "*Incontinentia Observationum*" (a sort of *Diabetes insipidus literarius*.)

First come new "Recruits," mostly from the large artillery: *Metallica et Co Alkaloidina narcotica*,—those polychrest fire-eaters let loose broad-cast upon *Marbona's* dire host, if not to conquer, then at least to kick and toss them *a la Zouaves*, thereby rendering but the more refractorious the enemy—those "*Invincibles*," provided they do not exhaust their belligerent forces by their own morbonic exploits, *c'est-a-dire* as is the *Fabius Cunctator* creed of those "*Esprits forts qui ne croient plus en Médecine*" (*Trousseau*) and prefer to win the battle without fighting at all, declaring that "*God* does the cure, whilst they themselves get the fees," according to *Mephisto's* insinuation:

"Ihr durch studiert die gross und Kleine Welt,
Um es dann geh'n zu lassen wie's Gott gefällt."

(You'll study *Macrocosm* and *Microcosm* like a *sol*,
To let it go then as't pleases *God*.)

I said before that thus were ushered in first "*Hundreds of new Recruits*,"—whose "most creditable merits are" (as Dr. *Siebert* confesses himself when prefacing such a cohort of 200 heads; see *Aschenbrenner's* "*Die neuern Arznei-Mittel*") "that they hadn't smelt gunpowder as yet, nor killed or saved any man before." Then, when the experimental mischief is going on under unaccountable havoc, those "*Observers*" (true *lucus a non lucendo*) keep aloof and stop their "*Incontinentia*" for a while, in order to let their "water" loose afterward so much the faster to deluge the market anew; but this time in the reverse direction, namely, to drown now those *ipse-*

fecit heroes, stigmatizing them as mischievous sinners altogether under the old pretext, "*ne Respublica* (of the profession) *quid detrimenti cāpiat!*" "*Quiescant in bona pace!*" at the side of their victims; among which *Gellert's* old "*Phylax*" still is groaning his agonic *Swan-song*:

"Ach hætt ich nur nichts eingenommen,
So wær ith wohl davon gekommen!"

(O! had I not taken drugs
I had not "*gone to the dogs.*")

But worst of all fares *Mercurius* at this juncture of *Polygraphia garrula*. Lo! never was there so smart a god in observing the shifting tricks of that weather-cock, "Spirit of the Age"—("which is the gentlemen's own spirit in which but the times are mirrored." *Goethe*.) Although never so smart a god, as I said, still there he stands, like *Hercules* on the crossway, in a dire dilemma, whether to abandon "Works proper," and even "Periodicals," as the "*Extrahenda*;" or to give up and keep aloof the omnivorous "*Extracta*"—a *casus belli* foreseen and foretold already by *T. Shandy*, as eventually threatening the very existence of the whole printing concern as far as depending on mercantile interest. Poor fellow! why not exculpate him, if on his nightly rendezvousings with *Minerva* he misses hearing the cock's-crow of the new dawn! How hazardous are not to-day mercantile enterprizes in medical literature, where old *Scaliger's* sneer appears enacted to the letter? "*Scribunt docti indoc-tique*," he says, "*ut scriptores saluentur.*" And in this scribbling age the number of books is without number already. And lo! the abominable "*stickers*" in perspective, those *cane et anguine pejus* dreaded mercantile spectres!! Follow then puffing *Fama, quae, fluminis instar, LEVIA tollit*, (say, "easy splitting pine") "*GRAVIA submerge-it*" (say "unwedgeable hickory-root.") Add to this the make-easy-science stratagem to italicize those "*cui-bono*" gems (à-la-mashed potatoes)—as it is the fashion now with

the “puns,” and “sallies” also, in common literature (according to Macauley’s sneer) in order to fix the attention of (drowsy or hasty) readers on the very points upon which all their faith is pinned, and it must become obvious that we have started on the shortest way to the lubberland of the “mere Reader” (spoken of long since by *Fichte*) who reads but for reading’s sake, for the mere pastime—of filling the “vat of the Danaïds.” For, *Memoria* then plays the “beast of burden,” having for a pack-saddle a “wicker-basket that lets all through.” As it was won, so it is run! Not only that—as *Pope* sings—

“In the soul, whilst memory prevails,
The solid pow’r of understanding fails;”

nay, as *Bacon* says, “they may unlearn even reading, and see at last but black spots on white paper.” Unfortunately such readers are but very unreliable customers, as they might turn still into worse, viz: into total run-aways who, despite their living in “this booking age, where every country girl is a reader” (*Macauley*)—“*shut the books to run after skill*,” and place their whole library at the bedside of the sick,”—under the inscription: “*Felix ille qui alienis periculis cautus fit*” (happy he who can learn cutting strips in alien leather!). “*Quæ illi literis, ego militando didici*!”—they openly boast—(*Webb*). But “*Vae victis!*” Sad prospect, then, for the “Make-easy-sciences,” so eagerly engaged in levelling and facilitating the “*per aspera ad astra*”-way of medical science, overbridging all its depths by “*pontes asinorum in usum Delphinorum ævi nostri*,” à la “*Les Systemes de Newton et Leibnitz ajustés pour les Dames et les Enfants*.” Necessity, if it does not break, at least may bend even iron. Therefore, to fitly cap the climax, they invented, as a last resort, “*a Tedium-Killer EN ROUTE of the sick visits*.” Happily this alluring expedient does not appeal to thinking reflection, lest it might interfere with *Chomel’s* wonderful warning: “*Aussi la méditation est elle nuisible au médecin avans d’avoir vû ses malades*” (“*Gen. Pathol.*”) But be not afraid, good *Cho-*
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mel, that we Doctors are in any danger of waxing puzzle- and addle-headed by force of brain-racking for "*Meditation's*" sake. *Aurora* (*Musis amica*) arouses Doctors pretty late; and then they have to arrange and muster their sick-lists according to rank and file, and as they journey to see their patients, whilst betwixt each sick-visit, they apply to said "tedium-killer's" (which means, "a compendius sort of Periodicals") to keep themselves aloof from thinking reflection, and *au courant* of the "new, newer, and very newest." And when arrived at the goal they find more to see, hear, smell, taste and feel, than to think of. There remains but a small balance of time to spare for the "*in libris impallescere*" at the night-lamp. And what that means every-body knows, both expert and unexpert, (*Et cum interdiu de virtute locuti sunt, sero in latibulis clunes agitant labore nocturno.* *Agrippa*.) What wonder, then, that medical reading becomes at length instead of a "*Luxury*" (*Dunghison* l. c.) rather a *drudgery*, adding to the large amount of this burden already on our shoulders, averring among other items of the kind, that "sufferance is the badge of all our tribe." And Dr. *Casper* (the far renowned statistician at Berlin) therefore hits well the sore spot, when comparing our lot with that of Postmasters on a turnpike-road, "who feel all times worried and surly, whether there are *too many* or *too few passengers*." In this latter saddening emergency, alas, we lose even of the benefits in *Horace's* "*Beatus ille qui procul negotiis.*" Fortunately, there are at hand then the said "Tedium-Killers" to serve as *Laudanum* "*the anodyne draught*" that "*kills both Time and Thought*" (*Pope*.)

However, no blessings without drawbacks! There is to-day a great rub about the *psychagogical* (soul-moulding) influence of medical education and professional life. For "*studia abeunt in mores.*" A vexed question, indeed, now argued at large over all the civilized world (from *Zina Pitcher* in *N. America* down to *Magendie* in *France*, *Williams* in *England*, *Stieglitz* in *Germany*, and *Sava* in *Italy*—to name but a few of the many.) The result, after all, is such a saddening one, alas! that the embarrassment of the epoch-

leaders has been compared by a witling to that of *Goethe's* "*Sorcerer's apprentice*," who had cited ghosts in the absence of his master, without knowing the *Adracadabra*-formel to ban them again. His cry in distress then sounded:

"Hilf, O Herr und Meister!
Sieh, die Noth ist gross;
Die ich rief die Geister,
Werd ich nun nicht los."

(Help, O Lord and Master!
See my need is extreme;
From the call'd ghosts, my disaster!
I cannot me now redeem.)

And forsooth! it is no easy job, that!

"Or will you think, my friend! your business done
When of a hundred thorns you pull out one?"—*Pope*.

The public yet have it in their mind that:

"He serv'd a 'prenticeship who sets up shop!"—*Pope*.

And "knaves and fools rush in, where Angels fear to tread;" and "the Priests turn into laics, et *vice versa*, the laics into Priests." Nay, a merely "smart" man may and does cure diseases (Dr. Williams.) Yea, the nostrum dealers are building up (from the "spoils") Palace-like offices which defy the Babylonian tower in every respect, except the *polyglottic*, as "*Panacea one-cure-all*" forms their only *parole-du-jour*. But this is not the proper place for dwelling any longer on quackery—simple or compound. I had better glance at censurable objects nearer to the pale of science. For instance, "Numeric Method"—"*ce dernier déguisement de l'impuissance de l'empiricisme et du scepticisme*," as *Trousseau* holds. Whilst *Bartlett* ("Phil. of Med.") still regarded, some fifteen years since, that method the only safe sheet-anchor for our new *sumpsimus*-craft (Medical Art and Science) drifting helmless and helpless, as it were in "these times of doubt," *inter Scyllam et Charybden*,—it none the less has proved a great failure and was abandoned

amidst the irrepressible conflict with those irresistible breakers called "*Ennui*!"—"Comme guérissant tout avec tout," Trousseau sneers at that Method by way of comparing it with a "ready-made clothing-shop"—with the satiric inscription "*Les vêtements qui vont à tout le monde, ne s'ajustent à personne*!"—Now, in France they have ever since held on to the Method, Barthez crying: "*la Methode c'est toute la médecine*," and Broussais the like: "*toute l'art de guérir consiste dans la méthode d'affaiblir*" (*c'est à dire: "la vie trop vivante,"*—et "*la mort même n'était qu'un excès de la vie!*") Likewise (as mentioned in Macauley's "*Essays*,") Mr. Tomes, "who liked correctness and method in medical practice, and therefore stood up for *Artemisius* (of *Molièrean* recollection,) 'That he killed his patient,' he said, 'is plain enough; but still he acted quite according to rule. A man dead is a man dead, and there is an end of the matter.' (*Et 'pompa mortis magis terret quam mors ipsa.'*" *Seneca.*) "But if rules are to be broken, there is no saying what consequences may follow." Now, these stereotype methods may be compared to a watch in rest, whose hands hit the right moment on the dial-plate at least once during the course of twelve hours. Or better, there is quite as good a resemblance with the stationary guns of the Chinese warriors, aimed before battle once for ever at one range, probably to be passed by the assaulting enemy and then loaded and fired away as fast as practicable. What this means, if applied to medicinal methods, we may learn from Dr. Grant's two physicians (as mentioned in his "*on Fevers*") who constantly treated fever badly from opposite causes; the one because exclusively addicted to Broussais' indiscriminate *antiphlogistic* Method, the other because likewise addicted "*à la médecine incendiaire des Anglais*" (so fiercely contested by Broussais.) The final result then was, that the dead of the first Doctor arrived at the "grim ferryman's" bark—"exsangues sine corpore et ossibus umbræ"—pleading: "He let us die!" whilst those of the second Doctor arrived quite stout still, and with flushed faces, swinging the "polychrest"-bottle filled with "Brandy-and-Water," or even with "*Merum*,"

pleading in their turn: "He MADE us die!" (According to *Muehry* l. c. both accusations were once common weapons among the French and English.) A fair proof of what means a straight-forward Method, is furnished by General *Ferrier* (Gen. Consul at *Herat* in *Persia*.) "The most amusing part of society there are the Doctors," he says: "They get their drugs from Brit. India, and try to find out their properties by using them promiscuously on patients in progressive doses. One of the ablest of them showed a bottle of *Cyanide of Mercury*, and asked me: 'What devil of a salt can that be? Of one hundred patients to whom I have given it, only *one* was cured; all the rest died!'" Now, as the numeric method is always at a loss to know whether the patient recovered by *virtue* or *in spite* of the remedies applied, and whether it was a *great cure* or a *narrow escape* when patients got safe through the ordeal; who then will decide to which of both alternatives that *one* safe Persian was indebted for his life? So much the more may Heaven prevent *Persia* from her Doctors becoming acquainted with the legitimate numeric Method at issue, in which "*decisive inferences*" on the line of *fiat experimentum in corpore vili* are to be attained, not by trifling "Hundreds of cases," but by "Hundreds of Thousands" *et supra!* (see *Chomel's* "*Pathol.*" p. 599.) For in spite of all her *polygamic spawning*, there soon would be a lack of "*gunpowder*" in *Persia*, to serve as "*fodder*" for her Doctors' "*big guns.*" The following, moreover, may serve as illustration of that method's *psychagogical* influence. A distinguished Spanish Doctor, *Risueño d' Amador*, uttered once in the *Academy of Medicine* at *Paris*, "that if therapeutics could be regulated merely by statistic ciphers, it would be more meritorious to be a '*SHOEMAKER*,' than to attend to diseases; and that physicians would come down soon below the rank of the most obscure mechanic." Quite differently thought *Chomel* ("*Pathol.*") "*Si la méthode numérique,*" he says, "*devait égaliser tous les médecins en ramenant l'art la plus difficile à quelques règles si simples et si claires, que l'intelligence la plus bornée suffirait à leur application, cette méthode, loin d'être proscrite, devait être placée*

audessus de tout ce que l'esprit humain a jamais conçu de plus utile et de plus merveilleux"!!! Be that as it may—(never mind here the superabundance of sophistic logic and the utter lack of sound reason in this eulogy) Heaven prevent none the less our profession—both as to their heads and their pockets—of such a “simplex veri sigillum” being ever invented, whereby every blockhead and simpleton can be turned in a twinkling into a Doctor—as Dr. Sangrado did for his servant disciple, making him believe, in the bargain, that he would be as wise as his master, as soon as he had turned as pale! Nonnunquam dormitat bonus Homerus! and so may then “Divus Hippocrates” have nodded, too, when he was dreaming about his “Medicus philosophus sicut Deus!” But, prithee! how would he have felt puzzled, if awaking in face of such a “Medicus philosophaster sicut SUTOR?!” and how would he have yawned into the face of such a bore?! One shudders in merely thinking of it. Luckily 'tis a bare impossibility! It is a probability, however, that Hippocrates met and shook hands with Chomel in Elysium. And in such an emergency Hippocrates will have wondered, no doubt, to find in Chomel his peer, who (at the good will and pleasure of Bartlett, see above) once occupied after him—in the glorious epoch of “progress per eminence” of the nineteenth century—the very same vacant see of a “medical Newton!” True! the proportions of great and little being lost to them, they take pleasure in making “e musca Elephantem.” In such a case “Les grands n'existent que dans la tête des petits!” with three cheers and a tiger.

Sterling science places to-day every devotee into the frightful dilemma, “aut Caesar aut nil!” Herder, sixty years since, prophesied that science once would reach at a height where the individuals would prove unable to follow the progress of the species. Perhaps we have transcended already that Rubicon, except those who in self-satisfied self-limitation please to console themselves with the stereotype cant: “at the present state of our science” (follow then the involuntary avowals of all they do not know of what there is already known.) Wherefore hide, like ostriches, the head in the bush, when the old Ephesian alarm cry, “Sirs! our whole

craft is in danger!" is reëchoing at all corners? Not so well in regard to making a living—(though the old "*dat Galenus opes*" "is valid now but in the *Plusquamperfectum*" (Phil. v. Walther;) for "*mundus vult decipi*" will last as a valid adage unto doomsday, and the "knack of the trade" may be learned by rote, and will suffice for the needful, if coupled with *quantum satis Savoir faire*—viz: "the faculty"—as Stokes says—"for making a *little* go a *great* way." In fact, the great Surgeon, A. G. Richter (of Goettingen) has found out, that "*one quarter* knowledge, and *three quarters Savoir-faire* give even the best chances for medical career-making." However, this curious fraction may have suited well enough his times (seventy years ago;) who will decide at these our days of "*progress*," whether the quotient knowledge, or the quotient *savoir-faire* has the ascendancy in the up and down of that indefinite gliding scale, commencing with *Zero*-knowledge on the quacks-pole, and ending, in fair contrast, on the scientific pole with *Zero Savoir-faire*? Nay, it is the dignity of medical science and of her true devotees rather, which is threatened by imminent dangers. For there is no stand-still in our *Sisyphus* task; either you push, under dust and sweat, the immense rock onwards up-hill, or it will precipitate you down-hill and, if not harm you any farther, explode at least your vain-glorious *Halo* of *scientificals*! Science never did nor can pledge itself to the insufficient capacity of its novices and aspirants; but always ought to pursue all its predestined path, unconcerned about the "lame man" that can not follow, but crawls behind as an antiquated foggy in the rear of its rapid progress. The development of sciences, in general, has an indefinite lengthy run. "Ages are spent in collecting materials; ages more in separating and arranging them." (Macaulay.) Those of a not directly practical destination, may, in accordance with the shifting spirit of epochs, more or less tarry on hair-splitting minutiae-details, or even rest self-satisfied (as it is the prevalent turn of these present days) with "piece-meal winning this acre first, then that" (Pope,) to get the "pieces in hand, little caring about their uniting band" (Goethe.) And this may hold good

for Physiology, said to be engaged now in building a "*Royal Palace*," of which as yet, however, nothing appeared in perspective, but the great host of day-laborers and workshops, besides huge piles of materials awaiting the great architect *in spe* for arranging them. It is otherwise with a directly practical science, like ours, as the basis of our healing art. Here the whole amount of prepared materials ought to be pragmatized on the spot, and the uniting band is here of a greater importance than even the pieces to be cemented together; because we Doctors want a mansion, ready made any how, to *work* in, not a "*royal palace*" to *parade* in. And no other profession can be more under the pressure of that mightiest of all tyrants—"the *Moment present*"—"Der mächtigste der Herrscher alle, ist der *Augenblick*." *Schiller*.) Now, under these circumstances, where such high prices are at stake on both sides, as well on the side of the sick man as on that of his physician (and the prices are oft very high ones; for inst: when *Voltaire* was approaching his last hour, he offered to his physician half of his large fortune for a three months' prolongation only of his life; "if you will or cannot"—he added with emphasis—"then I go to the devil, and take you with me!" and he was the man to hold his word in both alternatives)—then, if such high prices are at stake, one might expect that every sound-minded practitioner would most eagerly avail himself of the precious "office of science, to shorten the long turnings and windings of experience" (*Bacon*.) "It is true"—says *Monkton*—"experience is a teacher; yet never teaches in time. It will bring its lesson, and the lesson might be remembered; but the same event will never occur again." And according to *Byron*:

"To come TOO LATE,
Of all experience 'tis the usual prize,
A sort of income-tax lay'd on by Fate."

Notwithstanding Dr. Williams (l. c.) felt himself induced to denounce Practitioners, "that they know but little of science, and therefore derived but little good from it."

(To be continued.)

Translations.

ARTICLE I.—LESSONS UPON THE APPLICATION OF THE OPHTHALMOSCOPE TO THE DIAGNOSTIC OF DISEASES OF THE EYE. By M. FOLIN, Professeur agrégé a la Faculté de Médecine, Chirurgien des Hospitaux, Member de la Société de Chirurgie. Delivered at the Surgical Clinic of La Charité. (Vacance de 1858. Suppléance de M le Professeur Velpeau.) Translated by GEORGE W. BRIGGS, M. D., Richmond, Virginia.

For many years the diagnosis of deep seated diseases of the eye, was extremely difficult, and surgeons united under the little compromising name of *amaurosis*, some affections very distinct in their origin, gravity, and symptoms. The lesions of the choroid, of the retina, and of the vitreous body, escaped most often a direct examination, and we could only vaguely recognize them, in examining functional troubles, or by physical signs of a doubtful value. In the study of a great many affections, physical exploration held the first rank, whilst in that of some internal diseases of the eye, we were completely deprived of it until within a very limited period.

This state of things, gentlemen, no longer exists, for we understand the means of illuminating very easily the whole of the ocular cavity. This ingenious discovery, due to the inventive mind of M. Helmholtz, Professor of Physiology at Heidelberg, has made a *real* revolution in the study of diseases which attack the membranes and deeper seated structures of the organ of vision. It is one of the most curious and most useful of the applications of Physics to Medicine, and when you understand the mechanism of it, you will be astonished without doubt, with me, that it had not been made long since.

But notwithstanding the interest which is attached to the enterprising studies with the ophthalmoscope, it must

be acknowledged that the practice with this instrument is not yet familiar to a great number of French doctors; and some persons even believe that we see by this means a crowd of phantastic things, and will doubtless be surprised to hear me say, that the most beautiful colored plates of anatomy do not show better the vessels of the retina than does the ophthalmoscope. Some difficulties in this mode of physical exploration of the eye have doubtless prevented its becoming more popular among us; but you will be able so promptly to overcome them that they cannot be an obstacle to the employment of so certain a means for the diagnosis of deep seated diseases of the eye.

There is perhaps another cause which prevents this process of diagnosis from spreading more in France, it is, that there is wanting to those who commence their ophthalmic studies, a succinct and clear exposé of the condition of the science in this part of ophthalmology. While there exists in Germany a large number of dissertations upon this subject, among us, we only find some incomplete works, or works little accessible to the majority of students.

It is in this condition of things that I have thought it expedient to give you some lessons, in order to initiate you into the use of the ophthalmoscope, and to expose to you the principal results that this instrument has given. I shall separate as much as possible these results from mere hypothesis, and shall seek to show you rapidly that which is the most true, the most useful, and the most curious of the ophthalmic examinations to which we have already submitted some thousands of patients. I desire that these lessons shall serve as a guide to those who shall commence to study the eye with the ophthalmoscope. But whilst initiating you into a method of examination which allows the anatomical diagnosis of a choroiditis, to be made with as much certainty as that of a corneitis, I will not conceal from you the *desiderata* of the science upon this point of ocular pathology. There are here, as in all physical sciences, some doubtful points which call for more light, these I must show to you, at the same time adding, that they take nothing from the intrinsic value of the instru-

ment of which we speak. All those who use the ophthalmoscope will see in a given case the same images ; it may happen however that they interpret them in a different manner, and hence the doubt. But, in a few years, Pathological Anatomy will dissipate all these clouds, and will render to ophthalmoscopic studies the same services which it has previously rendered to the researches in Auscultation. It will not be slow to show us that certain ophthalmoscopic signs translate well determined lesions, always identical, and thus the one will be verified by the other—the study upon the dead body and the examination of the living. Also, I do not know that I can recommend too much to those among you interested in these studies, the importance of not allowing any occasion to escape for making an anatomical examination of eyes which they have already examined with the ophthalmoscope. Already some persons have entered on this part of the investigation and have produced very good and useful dissertations.

There results from these latter works, gentlemen, some facts upon which doubt is no longer permitted to rest ; the concordance of the ophthalmoscopic signs, and of the anatomico-pathological researches, has led to some demonstrations as certain as those which are furnished us by the means the most sure of physical exploration of the organs.

But before exposing to you these results, I wish to retrace in some words the history of the interesting subject which occupies us. It will serve to show you that at the moment when M. Helmholtz was occupied with this question, the trials made to throw light into the eye were little satisfactory. We had more of theories than of serious observations, however much this question appeared the order of the day among some foreign Physiologists. But it must at length be proclaimed that the Professor of Heidelberg has arrived in the most scientific and the most *personnelle* manner at the discovery, which will immortalize his name.

It was upon animals that the first attempts to see the interior of the eye were made, and it is easy to see why the attention of Physiologists has been drawn in this direction.

You all know, in fact, that though among men, the bottom of the eye in the normal condition, is in perfect obscurity, it is not the same among certain animals, of which the eye furnished with a *tapis* (Tapetum-Membrana Versicolor Occuli) reflects the light often in a brilliant manner.

We had first admitted that this reflection was a function proper to the animal, which under the influence of excitement, could emit some luminous rays. This explanation which takes no account of the physical condition by which the eye can be illuminated, is no longer accepted at present.

In the year 1810 Prevost of Geneva (Bibliotique Britanique T. xiv. 1810) demonstrated in the most decided manner that the reflection of the eye among certain animals takes place only by the reflection of a certain quantity of light which came from without, and which escapes the observer. This curious phenomenon has since then been studied by a great number of Physiologists, and all are agreed on this capital point, that the reflection is not produced in absolute obscurity, and is due only to the reflection of luminous rays which impinge on the retina. There are perhaps some conditions more or less favorable to the production of this phenomenon, and Hassonstein (Commentatis de luce ex quorundam animalium oculis prodecente, Jena. 1836) has even established that this reflection was favored by a diminution of the antero-posterior axis of the eye under the influence of muscular action. But however it may be, the eye does not produce light; it sends back that which it has received. This is, then, a fact acquired by science of which we can avail ourselves later.

If you can perceive among animals à tapis, the reflecting mirror of the eye, you do not distinguish well the details of the retina. In order to attain this end it is necessary to modify a little the refraction of the luminous rays which go out from the eye. It is what Mèrey (Histoire de l'Académie Royale des Sciences P. 107, 1704) did in some experiments which date from the last century. He placed the head of a cat under water, observed distinctly the color of

the bottom of the eye and saw distinctly the blood vessels there distributed. De la Hire repeated five years later the same experiment and found the same phenomena. But these experiments, already very old, have not led to any result applicable to man, and it is only as a sort of historical curiosity that I recall them here.

The human eye does not send back normally, as the eye of some animals, luminous rays, and it is only in certain pathological conditions that we see them reflected. Thus it has been observed for a long time in certain deep seated tumours of the eye, as cancer or the detachment of the retina, that we can distinguish, although in a confused manner, certain details which are not to be seen in the normal condition of the parts. The absence of the iris produces also some analogous results as Beer has mentioned long since; but to see it, the observer must view the eye examined almost parallel to the luminous rays which fall upon it. From this to the discovery of the ophthalmoscope, was but a single step, but we remained a long time without taking it.

You all know, gentlemen, that the discoveries the most original are sometimes prepared by the work of minds directed toward a common end, and that of M. Helmholtz was of this kind; for at the epoch when he published his first work, (*Beschreibung eines Augenspiegels zur Beobachtung der Netzhaut im lebenden Auge*, Berlin, 1851,) the description of an ophthalmoscope for observing the choroid membrane in the living eye, some other Physiologists were already progressing in the same direction as himself. Thus, at a year apart, M. Cumming and M. Brücke gave upon the artificial reflection of the human eye some valuable indications which can be made useful. They established that we could make the eye reflect in looking parallel to some luminous rays which strike the eye then examined. This result is obtained by placing at the height of the eye examined, and at a distance of eight or ten feet from it, the flame of a candle, and regarding the pupil from above a screen placed also on the same level as this flame. The pupils shine then with a

reddish lustre above all, if we take care to vary the movements of the eye. But this experiment, however curious it may be, cannot serve to-day any practical purpose. The least displacement in the position of the part serves to prevent the reflection and in any case we distinguish only in a confused manner the deep surface of the eye.

Almost at the same epoch appeared a work by M. Kussmaul—*Sur les Apparences Colorées du Fond de l'Oeil Humain*. This response to a prize question, proposed by the medical faculty of Heidelberg, was the first work in which any one attempted to explain why the bottom of the eye appeared ordinarily black, and although this explanation may not be altogether satisfactory, we owe the author our good will for having so ably argued the question. You will find in this *mémoire* some experiments for demonstrating the influence of refracting media upon the visibility of the bottom of the eye. Thus M. Kussmaul removed the cornea from the eye of a sheep and saw that the bottom of the eye was still black; but, as soon as the crystalline lens was extracted, he saw the retina and its vessels. When he extracted a certain quantity of the vitreous humor the position of the retina changed its relation to the focus of the crystalline, and this membrane allowed itself to be better distinguished. These experiments served to explain why we perceive the entrance of the optic nerve among old persons very long sighted, among individuals affected with atrophy of the ocular globe, or among those whose retina is increased in volume, pushed forward by some congestion under the retina, or has become the seat of an encephaloid deposit.

A simple but very curious observation of Dr. Von Erlach ought also to find place here, for it enters into this series of researches which have, so to speak, prepared the way for the discovery of the ophthalmoscope. This physician wore spectacles, and more than once he had remarked that he saw reflected the bottom of the eye of persons placed near him when they looked at the image of a flame reflected by the glasses of his spectacles. M. Von Erlach found himself thus exactly placed in the essential condi-

tions we seek in order to illuminate well the eyes that we would examine.

Such, gentlemen, were the materials science possessed for the artificial illumination of the eye when M. Helmholtz again took up the subject. There were a mass of facts, isolated, often difficult to reproduce, and little applicable to the research of normal or pathological phenomena which are passing at the bottom of the eye.

The work of the Heidelberg Professor exposes clearly the condition of the problem and subsequently gives a very satisfactory solution of it. Thus we have at the same time an apparatus which allows the illumination of the bottom of the eye, the most exact physical theory of this phenomenon, and the perfect idea of the principal details which we observe in the normal eye. M. Wharton Jones (*Archives de Med.* 1854) says that M. Babage, his countryman, had shown him seven years before the discovery of M. Helmholtz an instrument for examining the bottom of the eye, a kind of mirror unprovided with silver at its centre. But we cannot accredit a priority which is only supported on a simple verbal assertion.

Before seeking to illumine the deep media of the eye, M. Helmholtz has asked himself the question, why the pupil was black? We must, gentlemen, stop a moment upon this delicate point of the physiology of the eye, for if you understand well all the details of it you will know already what are the principal conditions necessary for the illumination of this organ.

The obscurity which conceals the bottom of the eye is due to several causes which are far from having each an equal influence on this phenomena, but with which I must however acquaint you. The contraction of the pupil in arresting quite a large number of luminous rays which strike the eye contributes a little to render black the bottom of the ocular globe; but it is a cause whose influence is least. You ought however to draw from this fact this conclusion, that in ophthalmoscopic examinations it is necessary to dilate widely the pupil by the aid of medicated preparations. The pigmentary layer of the choroid and of

the iris in absorbing some of the luminous rays which enter the eye are hurtful also to the reflection of this organ. Examine the eye of an albino; it will be easy for you to recognize that it is not as black as that of a normal individual. It is that the light there penetrates through the sclerotic, through the iris, &c., without being stopped by a sub-adjacent black screen.

But all this, gentlemen, cannot suffice to explain completely why the pupil appears black in the normal condition of the eye—certainly the dilation of the pupil, the absence of the pigment can change a little the tint of the bottom of the eye; but we must seek elsewhere the explanation of the fact which now occupies us. M. Helmholtz has had the honor of giving this explanation, on which I wish well to fix your attention at the beginning of these lessons. Take a bundle of luminous rays emanating from a focus (foyer) placed at the distance of distinct vision; it will come after having submitted to a series of refractions in the dioptric media of the eye to make a focus (foyer) on the retina; then after having illuminated a certain portion of this membrane it will go out again from the eye, travelling thus inversely the path it has followed on entering. In order to see well the point of the retina lighted up by the luminous bundle, it is necessary to place our eye upon the track of this latter; but this position would result in completely intercepting it, and furnish to the eye of the observed only the light emerging from the eye of the observer himself. It is evident that in this position the eye of the observed will receive too small a portion of light to enable the bottom of the eye to be sensibly illuminated.

After taking into consideration the causes which render the bottom of the eye obscure, M. Helmholtz has clearly understood the necessary condition to be fulfilled to make it brilliant. It is to arrange the things in such a manner that we can look into the eye to be observed, following the same direction as that followed by the light incident upon the retina of this eye and without intercepting it.

The ophthalmoscope constructed according to these principles by M. Helmholtz consists of a small metallic tube

blackens in its interior, one of the entire mitres of which obliquely cut, supports under an angle of 58° three rectangular plates of transparent glass with parallel surfaces, and of which the other furnished with a diaphragm, is arranged for receiving convex or concave glasses. This apparatus is provided with a handle and is easy to hold in the hand.

We must, in order to illumine the eye with this instrument, direct the plates of transparent glass from the side of a focus of light placed near the patient and on the level of his eye; the luminous rays which now strike this glass will be reflected into the interior of the eye, and from thence they will return, as I have already said, following the same direction. They traverse then the transparent glass in order to come in the direction of the eye which looks at the open extremity of the apparatus. We dispose on this side a biconcave lens which facilitates the distinct vision of the *rétinienne* surface. This instrument, which, for reasons I shall indicate as we proceed, gives an illumination quite feeble, and is no longer in use among Physicians; however, I have wished to describe it, for it is a curious thing to know how ophthalmoscopes have commenced.

But I have not now the intention of speaking to you of the numberless ocular mirrors which adorn the shop windows of opticians. It would be information quite interesting but almost without utility for you.

However, I must indicate to you rapidly the principal dispositions that you will encounter in the construction of ophthalmoscopes; it will prove to you that we can arrive at the same end, the illumination of the eye, by a great number of different proceedings. You will draw equally from this study the entire conviction that we can see the bottom of the eye as well with the most simple as with the most complicated of these instruments.

The principal differences in the construction of ophthalmoscopes consist in:

1. The disposition of the mirror for lighting the eye.
2. The employment of biconvex or biconcave lenses designed to modify the direction of the luminous rays.

3. The fixedness or moveableness of the apparatus.

4. Lastly, in some accessory details for fixing the head of the patient, measuring the retina, &c.

First. We have used to illumine the eye, transparent plates of glass with parallel surfaces, plated plane mirrors perforated at their centre, prisms, convex mirrors, but above all concave mirrors with a central or lateral holes and of a variable focus.

You know already that M. Helmholtz first employed to illumine the eye plane and transparent glasses; he had superposed the one above another three layers of glass so as to increase the reflecting power of the mirror that the luminous rays also transversed sent back by the retina observed upon the eye of the observer. But this ophthalmoscope does not give an illumination sufficient to distinguish well all the morbid details at the bottom of the eye, for on one side many of the rays traverse the layers of glass and are not returned to the eye, on the other (side) the rays reflected toward the eye are not rendered sufficiently convergent. There are a very small number of them which fall upon the field of the pupil and reach the retina. This, joined to some other difficulties, has caused it to be almost completely abandoned by Physicians. A short time after the discovery of M. Helmholtz, I occupied myself with this subject, associating with me, a very skillful optician, M. Nachet, (the younger,) and we agreed in order to render the illumination more intense, to place between the flame and the surface of the plane mirror, a biconvex lens which might converge upon the latter point, a much greater mass of luminous rays. The ophthalmoscope that we have constructed with this view fulfilled for the most part the indications; it is fixed on a stand and can be easily adjusted to the eye to be observed. If I do not employ it habitually, it is because it is too large, and of an illuminating power still insufficient.

In some ophthalmoscopes the mirror is formed by a plate of silvered glass pierced with a hole in its centre. M. Coccius disposes on one side of this glass a small biconvex

lens which converges also upon the plane mirror a cone of luminous rays.

In other instruments the light is returned to the eye by the hypophanesian surface of a perforated prism. Such is the arrangement of the ophthalmoscope of Meyerstein.

You will also find some ophthalmoscopes formed of a silvered and perforated lens, or convex mirror. These prismatic or convex ophthalmoscopes have not been successful, because they do not send back a light sufficiently intense, and we never use them.

The method of illumination most frequently adopted is that by the concave mirror. A great number of ophthalmoscopes are furnished with this mirror, and we obtain with it an illumination of the bottom of the eye very complete and satisfactory. The instrument which I see habitually is formed of a concave mirror, with an opening, unprovided with silver, of five centimètres at its centre, and whose focal distance is about sixteen centimètres. This mirror is supported on an ivory handle, and furnished behind with a small ring which permits the placing behind the central transparent opening, a series of concave or convex glasses.*

The habit of always using the same instrument leads one sometimes to exaggerate its virtues, but I do not yield to this feeling, when I say, that an instrument constructed on this plan appears to me decidedly preferable. It gives a very satisfactory light, and by the extent of its focus permits the patient to be placed at a convenient distance; it is not metallic and is therefore not tarnished by exposure to the air and moisture; and lastly, is convenient for handling and cheap. However, I must hasten to tell you that with a certain amount of practice one sees well with any instrument which realizes the conditions of illumination to which I have already alluded.

* Desmarres at Paris uses a similar instrument called by his name, only it is made of polished steel, and in place of one central, has two lateral holes. I have frequently seen him, however, use the instrument described here, which is known at Paris as the "German Ophthalmoscope," to be had of Luer—cost twenty francs.

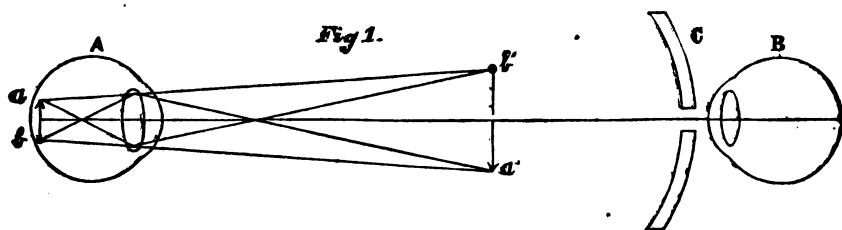
Second. That with which it is important to be well acquainted, after the disposition of the different mirrors, is the whole of the means by the aid of which we change in the ophthalmoscopes, the direction of the luminous rays. We obtain this result by the use of biconvex and biconcave lenses. From thence comes several methods of illuminating the retina, and we shall first endeavor to make you understand the theory of it.

We touch here, gentlemen, a problem of physics very complicated, and I would not approach it, save with an *obligance* to, and for which I know not how to thank him too much, M. le Professeur Govarret for having furnished me upon these difficult questions, precious information of which I shall hasten to avail myself.

The problem of illuminating the bottom of the eye is divided into several secondary problems, according as we make the examination with the mirror alone or with the aid of biconvex or biconcave lenses; the course of the luminous rays is powerfully modified by the employment of converging or diverging glasses. It is also necessary to study separately these different points of the questions:

1st. Examination of the eye with the ocular mirror alone (mirror concave of sixteen centimètres focus) which, gentlemen, is the most simple case. You throw into the eye a certain quantity of luminous rays which go immediately to illumine the surface of the retina. But two cases can present themselves here; sometimes the image of the lamp presents itself upon the retina as upon a screen, and you perceive it in a reversed condition as is easily understood, or perhaps, and this is the more preferable, the focus is formed beyond the retina, and a greater breadth of this surface is illuminated by a circle of diffusion. However, it may be, it is easy for the physical demonstration of the problem, not to take into consideration either the original focus of light or the presence of the mirror. The retina does not act as a mirror, but as an unpolished surface, which diffuses in all directions the light that it receives. Hence a certain extent of the retina being illuminated; it

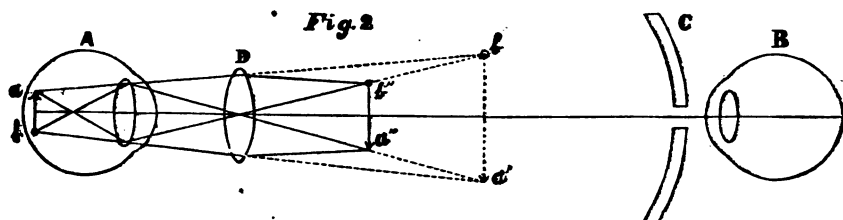
becomes a new luminous centre which radiates outwardly through the refringent media of the eye.



From this it results that the luminous rays emanating from the illuminated surface of the retina *a b* go to form a focus at the point of distinct vision of the eye observed, that is to say, at a distance which varies from five to forty-five centimètres according to the different degrees of myopia or presbyopia. The image *a' b'* thus formed is *véelle* reversed and enlarged. In order to see plainly this image of the illuminated retina, the observer must place himself upon the track of the luminous rays, and at a distance from this image equal to that of his distinct vision. But the impression that one thus receives is not clear; it is a little vague, and it is barely possible to make use of it for ophthalmoscopic diagnosis. It becomes then necessary to modify the ophthalmoscope in such a manner as to give clearness to the image formed at the bottom of the eye of the observer himself, and which will enable him to judge of the condition of the eye observed. For this purpose we have employed either biconvex or biconcave lenses; we have even associated these two orders of dioptric apparatus.

2d. Employment of biconvex lens? We can, gentlemen, employ biconvex glasses in two different manners. First, we place a biconvex lens immediately against the eye to be examined. How will it act? Gentlemen, the thing is easy to understand; it will bring from the eye of the patient, the real *aérienne* image of the retina, reversed, nearer, and at the same time will shorten it, render it more distinct, and in this way the observation of it will become easier. Follow upon this figure the progress of the

luminous rays, and you will improve the action of this lens:



Let $a b$ be an illuminated surface of the retina of the observed eye A . The luminous rays which go out from it, will go to form their focus at $a' b'$, if we do not place upon their course a convergent lens. But if we place at a short distance from the eye a lens D , it will serve to converge the luminous rays, and the rays which depart from the point a in place of converging at a' will converge at a point nearer the eye in a'' , it will be the same of $b b' b''$ and the image $a'' b''$ reversed as $a' b'$ smaller and more distinct will be seen directly by the observer B placed behind this image and looking through the hole of the mirror C .

There is, gentlemen, another manner of employing a double convex lens, which is to use it as a magnifying glass to examine the primitive image obtained by the mirror alone, or the image rendered more convergent and more distinct by a first convex glass. You must with this view feel your way a little in order to place your lens, for in the two cases it might be that the images, either $a' b'$ or $a'' b''$, fall between the principal focus of the magnifying glass and its surface. It is the fundamental condition in order that a biconvex lens may perform the office of a magnifying glass. In this case the image perceived will remain reversed *par rapport* to the bottom of the eye, and will be enlarged *par rapport* to the primitive *aérienne* image.

Some observers use only one lens, making use of a magnifying glass as regards the *aérienne* image furnished by the

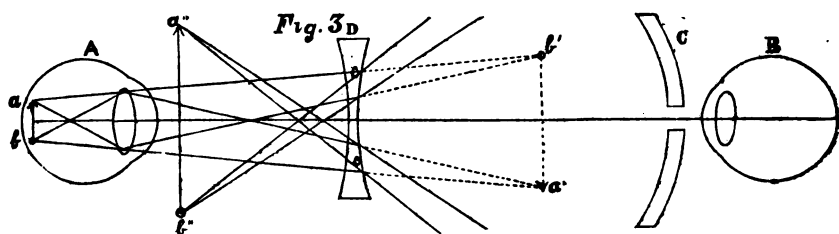
eye alone. This mode of observation has always appeared to us to yield only a sensation too feeble to lead to a good diagnosis.

There are then some different modes of proceeding which we designate under the name of *procédé par l'image renversée*; but we do not see equally well in all these cases, and I must indicate to you in this respect that which experience teaches us to prefer.

The application of a biconvex lens at a distance quite near to the eye appears to me a very good method of examination. I use for this purpose a loupe (magnifying glass) which has a focus of five centimètres; the rétinienne image is very clear and easy to observe by slightly changing the position of the lens.

The ophthalmoscope of M. Ruete is composed, besides the mirror, of two convex lenses, of which one plays the role of a magnifying glass to enlarge the image furnished by the other. It is a good mode of examination, but it is necessary to be apprised of the fact that this double system of converging lenses injures the clearness of the image, and demands a perfect accommodation of the instrument to the eye of the observer. The least displacement can render the vision confused; for it does not suffice that the image of the first lens comes to form itself between the principal focus and the surface of the second, it is necessary yet that the virtual image furnished by this second lens be formed at the distance of distinct vision of the observer.

3d. Employment of biconcave lenses. There is another mode of examination which we designate by the name of *Procédé par l'image droite*, and I wish to acquaint you with it, since it is quite often employed in order to study with the greatest exactitude certain details of the surface of the retina. We must use then a double concave lens, which we place behind and quite against the mirror in order that the eye of the observer may be as near it as possible. This lens and the crystalline of the observed eye, form a system analogous to the telescope of Gallileo (*lorgnette de spectacle*.)



Let ab be an illuminated surface of the retina of the eye A , the luminous rays which go out from it form at $a' b'$ a reversed and magnified image of the bottom of the eye. Let us interpose a biconcave lens D , whose principal focus falls within $a' b'$, from thence the luminous rays are rendered divergent; the image $a' b'$ is no longer formed, but we obtain in its place a virtual image erect and enlarged $a'' b''$. There are here two conditions to fulfill in order that the virtual image $a'' b''$ be formed, the focus of the double concave lens D must always be found within a point corresponding to the image $a' b'$. In the second place, in order that the perception may be clear, we must modify the position of the biconcave lens D in such a manner that its virtual image $a'' b''$, be formed at the distance of distinct vision of the observer himself.

In the case of excessive myopia, the image of the retina coming to be formed very near the patient's eye, the observation is sometimes very difficult. We can then place against the eye observed, a biconcave lens sufficiently feeble to make its focus fall beyond the image furnished directly by the eye. The effect of this lens is to put back the rétinienne image, and form it at a distance sufficiently great to render it easily observed by the various procedures we have advised.

This *procédé*, gentlemen, gives *very clear images*, but is liable to the objection of fatiguing the eye of the observer. This inconvenience is certainly more apparent than real, for with any biconcave glass whatever, we can always by placing it properly obtain a virtual image situated at the distance of distinct vision. Persons who desire to practice with this kind of Galilean telescope will succeed always

by placing themselves in good conditions of visibility without fatiguing the eye.

I have just exposed to you, gentlemen, the principal conditions necessary for examination of the eye by what is known as *le procédé l'image droite* and by *le procédé de l'image renversée*. It would be possible to make yet, some other combinations of lenses in order to distinguish the surface of the retina; but they will not conduct you to results more satisfactory than the means which I advise you to employ *en résumé* you can use the ocular mirror in three different ways.

Firstly, in using it as an ocular mirror alone, you will see a true image reversed and enlarged at the bottom of the eye, and it can serve you for examining lesions of the vitreous body and of the crystalline lens.

Secondly, in employing a biconvex lens, you obtain an image *réelle* and reversed at the bottom of the eye, but this image is smaller than the preceding, and nearer the eye observed; it is also much better defined and easier to see.

Lastly, in the third case, you form with the biconcave lens and the crystalline, a Gallilean telescope which gives you an erect image, enlarged, and very distinct on the *rétenienne* surface.

4th. I have told you also that ophthalmoscopes vary in their modes of support. The greater part of those that we employ in hospital practice are supported by a handle that we hold in the hand; but there are also a number of fixed ophthalmoscopes, such for instance as that which M. Nachet and I constructed, fixed on a stand, as are the ophthalmoscopes of MM. Ruete, Donders and Liebreich. These latter instruments (that of M. Liebreich above all) are very convenient under the following circumstances, viz: when we wish to show to a great number of pupils the ophthalmoscopic image; when we wish to examine for a long time and in a position well determined before-hand certain parts of the retina; when we desire to sketch the bottom of the eye, to observe it in the bright chamber; or still more to measure some points of the surface of the retina. The ophthalmoscope of M. Liebreich permits also the head of the subject observed to be fixed: two plates, the

one for the forehead, the other for the chin, sustain with this view the head of the patient.

5th. In some apparatus we find certain accessory details of which I wish to say a few words. There is first a little articulated stem terminated by a button and attached to the instrument; this serves to attract in various directions the attention of the patient by ordering him to look fixedly at the terminal button of the stem. This little artifice of ophthalmoscopic examination is not without utility, for you will have often to do with patients of but little intelligence, who do not know how to direct their eyes, inwards, upwards, &c., but who will look steadily at the stem in question.

We can add to certain fixed ophthalmoscopes a chamber which permits us to (design) sketch easily the bottom of the eye. The apparatus of M. Liebreich is adapted to this purpose. We project upon paper the rétinienne image of which we can follow all the contours. It will not be a great while, perhaps, before we shall be able to reproduce this image by the photograph.

Lastly, certain ophthalmoscopes are furnished with a micrometer, composed of a system of needles, moveable, easily approached or separated from each other. These needles are arranged in the body of the instrument in such a manner that the image of their points is made upon the retina, and serves to measure the dimensions of the different parts of the membrane that we examine.

I am going to close the instrumental part of this subject by describing to you an ophthalmoscope which realizes the most part of the conditions to which I have called your attention. It is the instrument of M. Liebreich with some insignificant modifications. This ophthalmoscope, quite complicated, cannot be used much in ordinary practice, but is indispensable to Physicians who desire to make extended researches in this department of Ophthalmology, and it saves much time to those who desire to show to a great number of students, particularly to beginners, the rétinienne images. It is constructed on the principle of the *procédé par l'image renversée*. This apparatus is composed of a body formed by two tubes of copper which are moved, the one upon the other, by means of a rack. These

two tubes are blackened inside, and like a great number of optical instruments, furnished with diaphragms perforated in their centre with a large opening. At one of the extremities of this body is found a double convex lens mounted in a copper frame and moveable on its own axis by means of a button below; at the other extremity there is a concave mirror of glass silvered everywhere except at its centre. This mirror is equally moveable upon a vertical axis, and the whole body of the instrument can turn upon its stem.

We can use many lenses of variable focus; we place them easily by the aid of a system of screws. I employ above all the numbers 4, 6, 9 and 12, and more particularly the number 6, which gives rapidly a view *d'ensemble* of the retina, for with the numbers 9 and 12, if the details are large, the field of illumination is contracted.

The two tubes composing the body of the instrument are supported upon another tube which encloses a stem moveable by means of a rack which two buttons turn. This stem is fixed upon the table by a hook and screw.

From the lower part of this vertical stem goes a horizontal branch upon which there is fixed a vertical branch terminated by a semicircular plate, padded, and covered with leather, designed to support comfortably the chin of the patient.

The horizontal stem is moved by a system of nut screws in order to bring the patient nearer to or farther from the apparatus, and the vertical stem acts in the same manner to elevate or depress the head of the subject.

A lamp placed at a short distance from the apparatus sends some luminous rays upon the mirror which reflects them, following the direction of the horizontal tube until in the eye of the patient whose head is supported on the chin plate. The lens modifies, as we have before said, the direction of the luminous rays. It can, thanks to the crank, be brought nearer to or farther from the eye observed.

It is easy to understand that we possess thus, a very great number of movements for conducting a bundle of luminous rays upon the eye for examination. We can, without changing the position of the patient, by some turns of screws, illuminate successively the different points of the

retina. Thus the rack carries the light at will from above to below or the reverse. The small button that we see at the lower part of the mirror permits by turning it, the light to be directed either from left to right or right to left. Finally, every one can, as in the microscope, place the lens at the point of his distinct sight. Behind the mirror we have fixed a ring in which can be placed biconcave or biconvex lenses.

Lastly, upon the side of the mirror which corresponds to the flame, is raised a semicircular metallic plate, which prevents the luminous rays of the lamp from striking the eye of the surgeon.

A small jointed stem surmounted by the button and fixed upon the body of the instrument by a copper band, serves to fix the attention of the patient. We direct him always to look steadily at the button and we can observe thus during some minutes a particular point of the retina. If we place the button above and within from the eye observed, we discover the papilla of the optic nerve which we can without trouble show to a number of students. I am accustomed in examining an eye to impress on this stem a circular movement, while the patient follows with his eye the terminal button, and thus explore very easily and promptly the different points of the retina.

You will perceive also a *chambre claire*. It is situated behind the mirror. The image of the observed retina comes to strike the hypothénusienne surface of the prism, and the observer in placing his eye above this prism perceives this image upon a sheet of white paper and follows the outlines of it. But generally we suppress the *chambre claire* and we look through the opening of the concave mirror. The figure here presented gives a sufficiently good idea of this apparatus, of the position of the patient and that of the surgeon, and excuses me from saying more on this subject.*

* The instrument here described is exhibited every Thursday by M. Desmarres to the students, and Physicians who follow his clinic. Our correspondent kindly furnished a plate of the above instrument, but owing to an accident we could not get it in the present number. It shall appear in the next.—ED.

ARTICLE II.—DIABETES—STUDY OF PHYSIOLOGICAL OPINIONS, WHICH MAY SERVE FOR THE MEDICAL HISTORY OF DIABETES MELLITUS; OF THE INFLUENCE OF THE NERVOUS SYSTEM ON THE FORMATION OF SUGAR IN THE LIVER. By S. CORVISART and J. WORMS. Translated by W. A. HARRIS, M. D.

This work is based exclusively upon a series of extremely ingenious experiments made by M. Schiff, destined to exhibit the mechanism of the production of diabetes, as the result of puncture or pricking the floor of the fourth ventricle (experiment of M. A. Bernard.) The first question which may be suggested is the following. Is the excess of sugar in the blood (which precedes its appearance in the urine) due to the ordinary and rapid destruction of this principle in the circulation being stopped, or the ordinary destruction continuing regularly, is the sugar produced in superabundance in the blood?

The opinion of M. Bernard, that, in diabetes, the appearance of sugar in excess proceeds from the liver, is confirmed by the following experiments of M. Schiff. When the liver in frogs is extirpated, and the fourth ventricle is then punctured, those frogs do not become diabetic; on the other hand, when in frogs rendered diabetic, larger portions of the liver are successively tied, so that the extent of the function of the organ is diminished, the sugar diminishes in the urine, in consequence of the artificial diminution of the glands.

Thus, in order for diabetes to exist, the liver must be the agent causing excess of sugar in the circulation. But why does the sugar exist, in this *extra normal* quantity in the blood? Two theories have been presented to explain this excess.

Some think that the liver forms the sugar; others, and according to M. Schiff this opinion prevails generally in Germany, think that a ferment which normally would destroy the sugar in the blood as soon as it arrives there, thereby preventing its accumulation, ceases to be produced.

The last hypothesis is contradicted by the experiments which have been cited of the successive ligature of larger

portions of the liver in frogs which have been punctured and were diabetic. If diabetes results from the abolition of the ferment, and the frogs should still have any liver, what remains of the organ will produce sugar and throw it into the blood, the sugar will continually be augmented by the want of destruction, and the frogs will continue diabetic.

If the first hypothesis, on the contrary, be true, by restraining the extent of this productive organ until the ligature, a time will arrive when the excess of production will be so enfeebled, that the animals will no longer be diabetic, notwithstanding the puncture. The frogs will be brought, so to speak, to the normal state, during which, though there be ferment in the blood, the animals not having an excess of sugar, are not diabetic.

This delicate mode of procedure induced M. Schiff to prove that the increase of sugar in the blood really proceeds from a proportional increase of sugar in the liver. This proportionality is such, that, in order to reduce the excessive richness of sugar in the blood of a frog rendered diabetic, to its normal quantity, a fifth of the extent of the liver, or, if you please, of its functions, must be suppressed.

Second Question.—Can the puncture of the floor of the fourth ventricle produce diabetes through the medium of a nervous paralysis, or of a traumatic condition of the bulb? With this question is associated another: By what means is the nervous action excitatory or paralytic transmitted to the organs directly productive of diabetes? In the autopsy of diabetic persons, the liver is found hyperæmiated in a particular manner (Observation of Andral); experiments on artificial diabetes have given a similar result.

To ascertain if the hyperæmic condition of the liver has any influence in the production of the diabetes, this hyperæmia must exist alone, uncomplicated with any other disturbance. Observe how this end has been accomplished by M. Schiff.

The liver of frogs receives only one portion of the abdominal venous blood, by the vena cava hepatica, another

vein, cava (if it may thus be called,) collects the other portion and carries it directly to the heart, without passing through the liver. By tying the second vena cava above, the anastomosis which connects it with the vena cava hepatica, the liver becomes hyperæmiated, without wounding it; two hours after the simple ligature, the frogs became diabetic.

It is by producing a similar hyperæmia of the liver, that, according to M. Bernard, the pricking or puncture of the fourth ventricle produces diabetes. M. Schiff arrives at the same conclusion, by the following experiments:

Valentin has seen, in 1841, that after lesion of certain parts of the brain, the intestinal secretions are excited, and I have already determined, says M. Schiff, in 1844, that different parts of the brain thus being wounded, there results an increase of the secretion of the most of the abdominal organs; I have shown that the influence takes place by vasculo-motor modification, so that a cerebral lesion provoking the dilatation of the vessels of the intestine and liver, which I will particularly note, a necessary modification of their circulation results.

M. Schiff, in his more recent labors, has sought to show that the nerves which (under the name of *vasculo vaso motor*) regulate the contraction of the vessels in the abdominal organs arise from the thalami optici and cerebral peduncles, reunite in the medulla oblongata, where they are found side by side with the motor nerves of the rest of the body, then descend in the antero-lateral canal separating from each, leave the medulla, traverse the ganglia of the spinal chord and finally terminate in the abdominal organs upon the vessels on which they act. Mr. Schiff has assigned to these nerves an important part in the production of diabetes.

The puncture of the fourth ventricle, says he, produces diabetes, because it irritates the vaso-motor nerves, whence results the dilatation of the vessels of the liver, and consequently hyper secretion. If these nerves are irritated by galvanization, the diabetes will appear by irritation. It is the same with diabetes produced by slightly poison-

ing the frogs by strychnine or opium, and maintaining them in a prolonged tetanic condition; likewise in diabetes, with which M. Schiff has seen frogs suddenly attacked during a storm.

If, on the contrary, the anterior chords of the medulla in which these nerves pass be cut, the irritation will not reach the liver; the communication being broken, the puncture will also become inefficient, as shown by experiment.

If frogs be deeply etherized, these same vaso-motor nerves are rendered insensible, and no longer transmit the irritation to their terminal and vascular extremity; the puncture thence becomes also inefficacious.

Such is, according to M. Schiff, the function of the vaso-motor nerves. Moreover, the function of the fourth ventricle has nothing specific; it is not even necessary to wound a portion of the brain, or the medulla oblongata; diabetes is immediately produced by cutting the posterior chords of the cervical medulla of mammiferæ, preserving intact the anterior chords.

M. Schiff explains this last experiment by stating that the section determines, in the superior part of the posterior chords, an irritation (identical with that which the puncture of the fourth ventricle determines;) this irritation is carried in a reflex manner to the origin of the vaso-motor nerves in the brain; these last, whose continuity remains (for neither the brain, nor medulla oblongata, nor the anterior chords of the cervical medulla have been wounded) transmit it to the liver.

Diabetes produced by puncture of the fourth ventricle and analogous lesions, of which lesions the last is the most remarkable, is in the opinion of M. Schiff of a special kind; it is the irritative diabetes.*

It is probable that this diabetes, though most common, is not that which practitioners fear, from its resistance to

* M. Bernard has obtained results disagreeing with those of M. Schiff, in reference to the last, to the section being made above the brachial plexus.

all treatment, and its tenacity; it is always very transient. The puncture of the fourth ventricle, or analogous experimental lesions, never produce a diabetes, which lasts beyond some hours or a day.

If a paralytic diabetes exists it should, on the contrary, be durable, and this is the form of diabetes which M. Schiff claims to have discovered.

Paralytic diabetes takes place when the anterior chords of the medulla are cut, that is the bundles of vaso-motor nerves. The section should be made on a line with the fourth cervical vertebra, or a point near the bulb.

The vessels of the liver deprived of the vaso-motor nerves are there distended, and gorged with hyperæmiated blood; the animals become diabetic. The remarkable Diabetes thus occasioned is very different from irritative Diabetes, which is not always transient, for it lasts days and weeks.

M Schiff has thus been able to preserve a rabbit for nine days; other animals were kept twelve and fourteen. Death alone occurring as result of division, of the nervous system, arrested this Diabetes. A rat has been preserved during twenty days, which did not cease to present sugar in its urine. Such is experimentally paralytic Diabetes, whose tenacity assimilates it to clinical, rebellious Diabetes.—*Revue Med. France et étrang*: 31 *Aut.* 1860—*Archiv. General de Med.*, Jan., 1861.

MEANS OF ARRESTING HICCUP.—Dr. Wolf has frequently succeeded, by the following plan, in arresting the hiccup which supervenes in the course of disease or under other circumstances. The patient is ordered to take a full inspiration, and to strain with the abdominal muscles as if he were at stool. He is to remain in this state, without breathing, as long as possible; and when he does breathe, to take a very rapid inspiration. The process must be repeated several times before it is successful. (*Deutsche Klinik*, 1860.)

Selections.

ANALYSIS OF FIFTY-TWO CASES OF EPILEPSY OBSERVED BY THE AUTHOR. EDWARD H. SIEVEKING, M. D.

THIS was a second contribution of the same character as the one admitted into the *Transactions* of the Society for 1857, and the author has limited the analysis to the same number of cases, taken in the order of observation, as had been subjected to analysis on the former occasion. Only those points were brought forward on which satisfactory evidence could be obtained.

Sex. 23 were females, or 44.2 per cent. 29 were males, or 55.8 per cent. Taking the two series together, the ratio of females to males was as 45.2 to 54.8.

Age. The following was the distribution throughout the different periods of life:—Under 10 years, 12 cases; from 11 to 20, 25 cases; from 21 to 30, 7 cases; from 31 to 40, 3 cases; from 41 to 50, 2 cases; above 51, 3 cases. The basis of this calculation is the time at which the epilepsy first showed itself. Arranged according to sex, we find during the first decennium 8 males and 4 females; during the second, 11 males and 14 females; during the third, 5 males and 2 females; during the fourth, 3 males; during the fifth, 1 male and 1 female; during the sixth, 1 male and 2 females.

Causes. An hereditary taint was traceable in 14 cases, but in 8 only of these was there evidence of epilepsy having occurred in a near relative of the patient. The exciting causes were traced in 37 cases as follows:—Uterine derangement, 9 cases; venereal excesses, including masturbation, 6 cases; fright, 4 cases; over-work, 4 cases; anxiety, 3 cases; dyspepsia, 3 cases; dentition, 2 cases; scarlet-fever poison, 2 cases (doubtful); meningitis, anæmia, blood-poison, and the development of puberty, each 1 case.

Premonitory Symptoms. Comprising under the term "aura" all symptoms indicative of a near approach of a paroxysm, the author found it in 21 cases, or 40 per cent.,

or less frequently than it was met with in the first series, where 52 per cent. of the cases exhibited premonitory signs.

Headache. Headache is very commonly associated with epilepsy, but its significance varies much according to its period of occurrence; it may be habitual, or it may be connected with the attacks only as a precursor or a sequela. It was constant or frequent in 9 cases, 17.3 per cent.; it occurred after the seizures only in 12 cases, or 23.0 per cent.; it occurred only immediately before or after the fits in 3 cases, or 5.7 per cent.

Biting the Tongue. Although a large number of genuine cases of epilepsy occur in which this symptom is never met with, it is important as a corroborative symptom. In the first series it was met with only in 32.7 per cent.; in the present, 28 patients, or 53.8 per cent., exhibited this feature. It did not appear that the female sex, as might have been anticipated, were less prone to inflicting this injury upon themselves than males; because of the 24 cases in which the tongue had not been bitten, 16 were males and 8 females.

Urine. The author has found no constant derangement in the urine associated with epilepsy. He has always failed to discover any sugar, nor has he met with a constant or even frequent excess of phosphates, or a diminution of urea. In several cases he found the urine presenting a specific gravity ranging about 1030, and containing a large excess of urea. There was in the present series no case of albuminuria, except, perhaps, in one instance, in which a small quantity of albumen appeared to be present for a brief period. An excess of phosphates was observed twice, oxalates in one or two cases, and an excessive deposit of lithates in a small number of cases.

Treatment. The author, while urging the value of treatment in alleviating the disease and indefinitely postponing the seizures in a larger number of cases, admitted the doubt which always attached to any absolute cure of epilepsy. He advocated no specific, but the employment of all rational means indicated by the constitution and peculiar symptoms of each individual case. Above all, he considered perseverance in a combination of moral, regim-

inal, and medical treatment essential. As many of the cases analysed had not been under the author's care permanently, he did not regard the result as to treatment indicative of what might have been effected in the whole series. He considered that he could lay claim to 8 cures, that 15 were decidedly benefited, while the remainder were either uninfluenced by treatment or did not continue under observation for a sufficient period to justify any positive statement as to the result.—*British Medical Journal*.

CONCURRENCE OF PURPURA WITH VALVULAR DISEASE OF THE HEART; THREE CASES; RECOVERY. BY DR. HYDE SALTER.

THE following cases illustrate an occurrence which Dr. Salter states he has on several cases remarked—that of purpura with valvular disease of the heart, though he believes that the connection between the two is not direct, but mediate, through the intervention of a third condition, of which both the endocardial disease and the purpura are the results.

CASE 1.—Eliza C——, a girl aged fifteen, but having a look rather of twelve or thirteen, thin, puny, and pale, though with evidently naturally a florid complexion, and having a good deal of the rheumatic aspect, was admitted with a loud, rough, mitral-systolic bruit, tumultuous heart's action, and shortness of breath on exertion. Her history was that she had had rheumatic fever two years before, which had affected the heart, and that since that time she had never been thoroughly well; her growth had been stopped; she was frequently liable to rheumatic pains, and suffered from palpitation on exertion, and even without. It was in consequence of a gradual increase of these symptoms that she applied for relief. Under a treatment combining alkali, iodine of iron, and cod liver oil, she gradually improved, and was discharged. She had left the hospital only a week or two, when she returned with both her legs covered with purpura—a profuse and thick rash—from the

knees to the ankles. She seemed to have gone back in all respects since she left the hospital, partly, probably, from discontinuing the medicine, and partly from not living so well. It was then learned that she had had an exactly similar attack some months before, and had since been liable occasionally to a few spots, but always in the neighborhood of the shins. Under the use of quinine, sulphuric acid, good diet, and rest in the horizontal position, the purpura gradually died away, and in ten days or a fortnight was gone.

CASE 2.—William W——, a pale, anæmic-looking boy, aged fourteen, his aspect indicating a dash of struma in his constitution, was admitted June 23d, 1860, with rheumatism, complicated with heart-disease. He states that he has always been a very healthy boy until last winter, when he caught cold, which brought on rheumatism, which however did not confine him to bed, and from which he soon recovered. Six weeks before his admission, the rheumatism came on again, principally affecting his hands, knees, and ankles; and for four weeks before his admission he found that on first getting into bed, he was unable to lie down from palpitation, shortness of breath, and cough. On examining his heart, a mitral-systolic bruit was found, accompanied with tumultuous action of the organ. No dropsy. He was ordered a drachm of citrate of potass, in an ounce of decoction of cinchona, thrice a day; and half a drachm of syrup of the iodine of iron, in two drachms of cod-liver oil, also thrice a day. Five days after his admission, spots of purpura hæmorrhagica appeared on the anterior aspect of his legs, most abundant on the front and inside of the shin; at first a thin sprinkling, but soon a thick rash. Under a treatment of sulphuric acid, quinine, and iron, the purpura gradually disappeared, but it was a fortnight before it was gone.

CASE 3.—J. N——, aged thirty-two, was admitted into Charing-cross Hospital, under Dr. Salter, on the 25th September, suffering from general dropsy and purpura of both legs. The spots varied in size from that of a pin's head to that of a split pea, and were confined to the front of the leg from the knee to the ankle. On listening to the

heart, a loud mitral-systolic bruit was heard; the heart's action in other respects was normal. There was no history of rheumatism. The man had for years drunk too much, being employed in a brewery; his aspect was sallow; and the dropsy was supposed to depend upon renal disease, which further examination verified, as the urine was found to contain a good deal of blood and granular casts of the uriniferous tubes. The legs were ordered to be bandaged, the horizontal position to be maintained (indeed, the patient was confined to bed), and tonics and astringents were administered. Under this treatment the purpura and the œdema vanished together, and in ten days both were gone. But on the man leaving his bed subsequently, the purpura again appeared to a slight extent, and again disappeared on keeping the legs up and bandaging them.

With regard to the relation between the heart-disease and the purpura in these three cases, it could not be, as Dr. Salter remarked, direct, in any one of them. No doubt a certain form of purpura may be, and often is, directly caused by heart-disease; as in those cases where the general stasis of the circulation, brought about by the actual or virtual obstruction at the heart, produces so great a tension of the venules and capillaries, that after relieving themselves to a certain extent by transudation, they finally rupture, and blood escapes. The purpura in these cases always affects an enormously swollen limb, occurs only at the wind-up of fatal cases, and is always preceded by the extremest symptoms of blood-stoppage. Now in these three cases nothing of the kind existed: in the first two there was no dropsy whatever; and in the third the dropsy amounted only to a slight general puffiness, with an absence of any mechanical blood stasis. In neither of these cases did the mitral regurgitation perceptibly affect the systemic circulation.

To what then was the purpura due? In the first two cases to that special blood-poverty, that spanæmia, consequent upon and associated with the rheumatic condition, or rather to the friability and want of tone of the capillary wall consequent upon that blood-poverty. That this was so Dr. Salter felt the more sure, because he had frequently

observed and called attention to the association of the rheumatic and hæmorrhagic tendency in cases where no heart-disease existed, and had also observed that one and the same set of peculiarities of physique was common to both these tendencies. In the third case Dr. Salter believed the hæmorrhage was due to that blood-debasement that is always produced by chronic anæmia, from which the patient was suffering, and of which his anæmic condition was indicative; but he was not prepared to say that the impediment in the cutaneous capillaries, which is probably the immediate cause of kidney dropsy, had *nothing* to do with the vessels of the cutis giving way.

The occurrence of the purpura, in all three cases, in the lower part of the lower extremities, and the assistance which the recumbent posture evidently gave to the cure, point out how much gravitation had to do in determining the seat of the hæmorrhage. No doubt this is the reason why the shin is so much more commonly the seat of purpura than any other part of the body. Dr. Salter considered that the baulding of the legs, in the third case, was of decided advantage.—*London Lancet*.

SYPHILITIC DISEASE OF THE LIVER.—According to Frerichs, the syphilitic process manifests itself in the liver in three different forms: 1, as simple interstitial hepatitis and peri-hepatitis; 2, as gummy hepatitis (*gummöse hepatitis*); and 3, as waxy, amyloid, or lardaceous degeneration. All three forms may be found in the same liver, or may exist independently. The last of the three forms is also produced by other cachectic conditions of the system, such as the tubercular diathesis, and the cachexia induced by intermittent fever; and is pretty generally recognised. The first two are less known.

In the bodies of persons who have suffered from constitutional syphilis, white cicatrix-like depressions, of a folded or radiated form, are often found upon the outer surface of the liver, the capsule of which is usually at the same time much thickened, and firmly adherent to the

surrounding parts. Sometimes there is only a single depression; at other times, the depressions are so numerous as to give the liver an irregularly lobulated appearance. On careful examination, these depressions are found to be formed by fibrous tissue extending from the thickened capsule more or less deeply into the interior of the gland, the secreting tissue of which is atrophied. The fibrous tissue, in most cases, is dense and tendinous, and contains but few blood-vessels. The larger branches of the portal vein, bile-ducts, and hepatic veins, as a rule, remain uninvolved, except in very rare cases, where the cicatrices extend deeply into the interior of the gland. Hence this lesion is rarely the cause of either ascites or jaundice.

In the second form, the tissue of the cicatrices just described contains whitish or yellowish nodules, of a rounded form and dried appearance, usually varying in size from a linseed to a bean, but occasionally as large as a walnut. Under the microscope, these nodules are found to consist of oil-globules, granular matter, cells loaded with oil, and areolar tissue. They thus resemble in their structural characters the gummy nodules (*Gummiknoten*) which are met with in the subcutaneous areolar tissue, beneath the periosteum, in the testicle, and in other localities, in cases of constitutional syphilis.

In both these two forms of disease, the hepatic tissue intervening between the cicatrices or nodules is either normal in its character, or more commonly in a state of fatty degeneration. In many cases, also, there is a characteristic hypertrophy, resulting from enlargement of the lobules, which compensates for the loss of substance.

The implication of the liver must, in Frerichs's opinion, be classified with the phenomena of the tertiary stage of syphilis.

The symptoms which accompany the first two forms of the disease are usually so obscure that no suspicion is entertained of the liver being diseased, until the *post mortem* examination. On the other hand, the symptoms of the waxy or amyloid form are so marked that there is rarely much difficulty in forming a diagnosis. (Frerichs, *Klinik der Leber Krankheiten*, vol. ii.)

Editorials and Miscellaneous Matters.

WAR.

IN the last number of this JOURNAL we spoke of the blessings of Peace, it is now our melancholy duty to tell of the horrors of war.

The two great sections of our country have appealed to the abitrament of the sword in the settlement of their difficulties. A once fraternal people have permitted themselves to be arrayed against each other as enemies. The tocsin of war has sounded throughout the land, the roar of cannon has been heard in our borders, the flags of opposing legions are fluttering defiantly in the northern and southern breeze, and a soil, consecrated by the brave deeds of our fathers, hallowed as the sacred asylum of liberty, and dedicated to the untrammelled worship of that Being who is the very soul of Peace, is about to be desecrated by intestine strife, stained with the gore of brethren. Humanity shudders at the fearful spectacle. Religion hides her head in shame and sorrow, and utters no word of remonstrance against the criminality of the act. Science flies affrighted from her temple, and leaves her holy altars to be defiled by the presence of a blood thirsty soldiery. At one fell swoop the civilization of which we have so proudly boasted, and for which America has struggled so earnestly and bravely since the first years of her existence as a nation, falls to the ground a heterogenous mass of broken, disjointed, and mouldering fragments. Prejudice has sown to the storm, and passion is reaping the whirlwind—a whirlwind which is destined to destroy the liberties, the institutions, the happiness and the lives of those to whom were left by our sires the rich legacies of peace, prosperity and fraternity.

It is not our place to inquire into the causes which have led to this dire catastrophe. With politics, as a Medical

journalist, we can have nothing to do; and therefore, though southern-born, and ready to shed our blood, if necessary, in defence of the honor, rights and institutions of the South, we will indulge in no remark calculated to inflame the excited passions of either section.

Our only object is to call the attention of our readers to the horrors which necessarily associate themselves with civil war,—to the evils an intestine strife must bring upon all parties whatever its result,—to the false philosophy, the unwise statesmanship, and the heartless irreligion of those who would inaugurate a contest between brethren that a fanatical dogma may be vindicated or a political party sustained; and to urge upon the Medical Profession of every locality, a strict adherence to those cardinal principles of conservatism, charity and kindness, to which, by virtue of their exalted calling, they stand pledged before earth and Heaven.

Let every Medical man feel that it is a part of his mission, a sacred and imperative duty, to aid in the restoration of that condition of peace which is essential to the advancement of religion, the cultivation of virtue, the progress of science, and the fulfillment of that noble destiny for which God intended the Human Race. Let the Profession stand up bravely and act as a mediator between the opposing sections, and, by means of that moral power which pertains to it as an aggregation of the Physicians of the country,—of men who stand in the most intimate and confidential relations to all parties, from the premier to the peasant,—let it temper the indignation of the South, and teach the North that coercion is a myth, a delusion, a dream,—bloody fearful, but utterly impracticable.

But should these efforts fail; if the terrible curse of civil war cannot be averted; if the prayers, the tears, the expostulations of the “good and true” should not accomplish their most holy object, and it is the fortune of Physicians to meet in opposing ranks upon the tented field, they should still remember that they are brethren, bound together by a thousand sacred ties, and under an imperative obligation to extend to each other sympathy and

kindness. Aid, intercession, and friendly offices should be freely extended, and kindly interchanged. Each should regard the other not as an enemy to be slaughtered, but as a friend to be served. Political differences should be forgotten, and the ties and obligations of a common brotherhood remembered, even amid the booming cannon, and glistening bayonets, and charging squadrons of the battle field.

Surely, a nation like this, in the middle of the nineteenth century, in the full blaze of a resplendent civilization, and in the face of all the lessons which Religion has taught since its divine promulgation, cannot, will not persist in a course of conduct from which must come nothing but disgrace, discomfiture, and sorrow !

UNIVERSITY OF MARYLAND.—The annual commencement of this Institution was held in Holliday street Theatre on the second of March. An immense audience was present, composed equally of ladies and gentlemen, and all manifesting an interest in the exercises of the occasion which was both a gratifying assurance of the popularity of the school, and an earnest of its future success. Without desiring to detract from the merit of other Institutions, we cannot refrain from saying, that the class which the University of Maryland has just sent out as graduates in medicine will compare favorably with that which has received the honors of any school in this country. It is true that the number of its members may be smaller than some others, but so far as concerns a practical acquaintance with disease, a thorough knowledge of the principles of medicine, and a proper appreciation of the dignity and honor of the Profession, it could suffer no disparagement by any contrast. The best opportunities for clinical instruction had been afforded its members in the wards of the Infirmary—an institution under the immediate control of the Faculty of the College,—and they had availed themselves of them. An effort had been made, not simply to fill their memories with dull details and isolated facts,

but to teach them to reason for themselves, and to comprehend the principles which constitute the basis of our science,—and they had promptly responded to it. It had been the constant aim of their Professors to give them broad and comprehensive views of the true mission of the Medical Profession, to paint the character of the “good Physician” in its proudest and most attractive colors, and to awaken in their bosoms that spirit of fraternity, kindness and humanity which is the noblest ornament of our glorious brotherhood,—and they went forth from the walls of our University prepared to illustrate by their conduct the lessons they had so readily acquired in this regard—prepared to adorn the profession of their choice by lives of usefulness and honor.

All this being so, their Alma Mater felt proud of her children, and though there was a tear upon her cheek in the hour of parting, there was hope and confidence in her heart as she looked to the future, for she knew they would never cast a shadow of disgrace upon her old and honored name.

The Hippocratic Oath was administered by Prof. N. R. Smith to each one of the Graduates in turn; and the Valedictory Address to the class delivered by Prof. W. A. Hammond.

The scene was enlivened by appropriate music, the Graduates were overwhelmed with wreaths and garlands of flowers by their friends, and everything went off well and handsomely.

The following is a list of the Graduates:

Samuel Adams, Md.; W. H. H. Adkisson, Md.; George D. Beatty, Md.; W. H. Benson, Ala.; W. S. Blakistone, Md.; R. H. E. Boteler, Md.; C. Richard Bowles, Va.; Samuel Boyle, Bermuda; Horace A. Brooks, Md.; N. B. Bryan, Pa.; F. A. Bushay, Pa.; F. E. Chatard, Jr., Md.; Charles Combs, Md.; John N. Coonan, Md.; Charles H. Diggs, Va.; Alexander G. Edwards, Md.; Richard Emory, Md.; Augustus F. Erich, Md.; Daniel L. Fleming, Md.; B. F. Garr, Va.; Hugh W. Gardner, N. C.; Francis Gillam, N. C.; Wm. F. Gill, Md.; Theodore W. Glocker,

Md.; Lewis E. Gott, D. C.; J. Milton Gouldin, Va.; Lawrence B. Hoffman, Md.; Randall Holden, Va.; E. Lloyd Howard, Md.; R. T. Hurt, M. D., Va.; E. E. Kellam, Va.; Thomas S. Latimer, Pa.; G. Byron Lecompte, Md.; James E. Lewis, Md.; Thomas G. Mackenzie, Md.; William H. Manifold, Pa.; J. Haines McCullough, Md.; B. B. Miles, Md.; Louis Monmonier, Md.; Charles M. Morfit, Md.; Charles Neilson, Md.; H. C. Nelson, Md.; George E. R. Owens, Va.; John H. Owings, Jr., Md.; W. Cooper Penington, Md.; Samuel Fletcher Powell, Md.; Richard E. Price, Md.; David Riley, Md.; William W. Sanders, Md.; Alan P. Smith, Md.; Charles Spath, N. C.; William B. Stokes, Md.; J. McKew Sullivan, Ireland; James A. Templeman, Va.; I. Davis Thomson, Md.; John R. Uhler, Md.; Daniel Weisel, Md.; J. H. Riggs Wolfe, Md.; William Woodward, Md.; Edward Wootton, Md.; Richard O. Wyatt, Va.

THANKS.—Our thanks are due, and are hereby tendered, to the various publishers and authors who have kindly forwarded their Books to the BALTIMORE JOURNAL OF MEDICINE. Circumstances beyond our control have prevented a proper notice of these favors in this Journal, but we are resolved, with the assistance of an efficient corps of collaborators, to review them critically in a subsequent issue. Dr. Brierly, of California, will please accept our thanks for his excellent article on "Advancement and Improvements in Surgery and Surgical Operations;" whilst, to a Young Lady of North Carolina we feel under many obligations for a beautiful translation on the subject of "Vitalism," which we have reserved for a subsequent number of the Journal.

TREATMENT OF PEMPHIGUS.—Hebra's treatment of pemphigus consists in laying open the bullæ, and cauterising their base with nitrate of silver; and in the administration internally of large doses of sulphate of quinine.—*Spitals-Zeitung*, No. I, Jan. 5th, 1861.

Therapeutical Gleanings.

COAL TAR SOAP FOR MEDICINAL AND HYGIENIC PURPOSES.—M. De-meaux, whose researches into the value of various disinfectants, conducted in conjunction with M. Corne, have acquired considerable reputation; has recently announced the discovery of a means by which coal tar can be made up into the form of a soap. This product, which from the facility with which it may be prepared, from its moderate cost (which is less than sixpence for each pound,) from the quantity of coal tar which it contains, and from its ready solubility in water, appears destined to be of great service, is prepared in the following manner:—Take of coal tar, soap, and alcohol, equal parts, mix, and warm over a water bath until entirely dissolved. Upon cooling, a perfect soap is obtained, which is very soluble in water, and forms, upon being dissolved in that liquid, a permanent emulsion. This preparation would be found very useful, whether in hospitals, in dissecting-rooms, or in manufactories, for the purpose of preventing real dangers to health, or of counteracting emanations which are both unpleasant and unwholesome. The emulsion of coal tar might be employed in baths or in lotions and fomentations to the body, and be productive of good results in certain diseases of the skin; body or bed linen might be impregnated with it, and also dressings for patients, whose excretions are of a foetid character. Its ready solubility in warm or cold water would prevent it from staining the body or the clothes.

TYPHUS FEVER.—The cardiac sounds are said by Dr. Stokes to form the only certain guide for the proper administration of wine in fever. This is a practical rule, and whenever we find the systolic or first sound so weak as scarcely to be distinguished from the second, and the pulse at the wrist soft, compressible, and rapid, wine or brandy must be administered freely. It is especially necessary to enjoin that nourishment and wine be given at proper intervals during the night, when the depression is usually most marked, and that the patient be not allowed to sleep too long without being awakened for the purpose of taking his wine. Many a patient has thus been allowed to pass into hopeless collapse. It is very common, in cases of typhus, for the patient to be restless and wakeful; do not hesitate to give opiates freely if necessary.—*Dr. A. Tweedie.*

CHROMATE OF POTASSA IN WARTS.—M. Blaschko recommends the following formula as one of certain operation, even in very old standing and inveterate warts: Chromate, grs. 1½; lard, ʒi. M. To be rubbed in night and morning.

THERAPEUTICAL EFFECTS OF BROMIDE OF POTASSIUM.—The Druggists' Circular says: "Dr. Pfeiffer of Paris has confirmed by his researches the opinions of other physicians as to the sedative effects of bromide of potassium over the generative organs; he has found that the salt possesses a decided power of modifying abnormal erections and diminishing the frequency of seminal discharges. He has arrived at the conclusion that bromide of potassium exercises a special influence over the muscular part of the genito-urinary apparatus, and at the same time induces a characteristic modification of the secreting functions of these organs. Dr. Pfeiffer has administered it also with success in neuralgia of the neck of the bladder. He commences with the dose of half a centigramme every day, and increases it gradually up to two grammes a day."

TETANUS—Aconite.—It is worth while to try the effect of aconite in Tetanus, as from some cases related its employment seems to have been followed by some amelioration of the symptoms. In one case five minims of the tincture were given every two hours at first, then increased to eight minims. The improvements in the symptoms dated from the employment of the aconite. The patient was well sustained by beef tea and brandy. This remedy must be administered very cautiously however, as though it certainly is a powerful novine sedative, it acts much more powerfully on the heart. Death from aconite usually occurs from syncope. It is cumulative in its action.—*Ed. of Lancet.*

INFLUENCE OF PREGNANCY ON INSANITY.—Dr. Tanner, in his recent work on the *Signs and Diseases of Pregnancy*, says that in his experience insanity in women is not benefited by becoming pregnant, and, that in two cases under his observation, marriage only aggravated the morbid symptoms.

THE COLOURING MATTER OF LEAVES.—When leaves are extracted by alcohol a green oil is obtained, which is called *chlorophyll*. Fremy has ascertained that this consists of a *blue* and a *yellow* principle, which he has succeeded in isolating. To the blue principle he has given the name *phyllocyanine*, and to the yellow the name *phylloxanthine*. Leaves which become yellow in autumn contain only the latter.

ALCOHOL IN FEVER.—Dr. Swinburne, during his charge of the Alms-House Hospital in Philadelphia, in 1851, treated over eight hundred cases of ship fever. His treatment was alcoholics and soups. He visited the hospitals in New York, where several thousand cases were treated that year. There the mortality was twenty-five per cent., here only fifteen; there the advantages were superior, here the patients were received into shanties. The patients here received not over ten ounces per day; there they were given from sixteen to thirty-two ounces, which he believed was quite too much, and at least one reason for the increase of mortality. He was accustomed to treat pneumonia with this remedy, and had been for years. His exceptions to its use are when a man is in good health.

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# UNIVERSITY OF MARYLAND

## SCHOOL OF MEDICINE.

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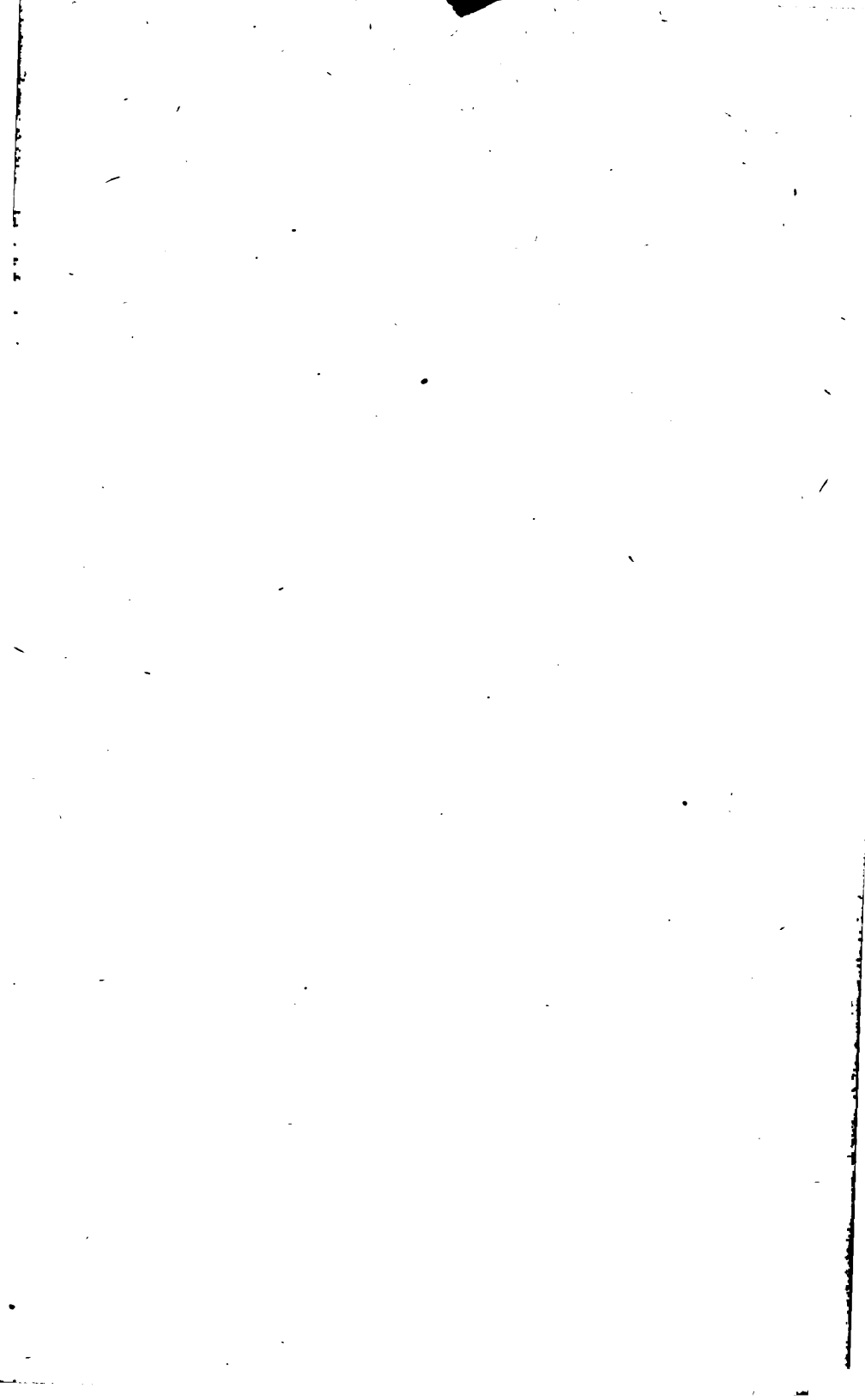
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